



**Government of the Northwest Territories
Department of Justice
Witness Expense Assistance
HOTEL & MEAL AUTHORIZATION**

Form WEA 2

A

Court File Number: _____ Police File Number: _____

RESPONSIBILITY OF PARTY CALLING THE WITNESS:

Make a tentative reservation at a hotel for a **standard room only** and complete section "A". This form is not used for witnesses who will be staying in private accommodations.

AUTHORIZATION:

To: _____
Name Of Business Providing Services

Business Contact Person (if applicable)	Confirmation Number (if applicable)
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Phone Number	Fax Number
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Re: _____
Name of Witness

Of: _____
Witness' Address

You are hereby authorized to provide the following:	<input type="checkbox"/> Meals
For the above named witness commencing _____	<input type="checkbox"/> Accommodation
(date)	
and continuing until _____	<input type="checkbox"/> Meals & Accommodation
(date) (maximum 5 days).	

Fax to (867) 873-0173 to obtain authorization from the Finance Division

B AUTHORIZATION: FINANCE DIVISION, NWT DEPARTMENT OF JUSTICE

Meals are subject to the following **MAXIMUM AMOUNTS PER DAY** per guest:

Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____ TOTAL \$ _____

The authorization is subject to the attached terms labeled Schedule "A".

Authorized by (signature)	Printed Name	Date

A fax will be sent to both the business and the party calling the witness to confirm approval and processing.

FAXED TO BUSINESS PROVIDING SERVICES BY: _____ Name	CONFIRMATION SHEET RECEIVED? _____ Yes _____ No
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