



## Witness Expense Assistance Program

### Expense Claim

#### Witness Information

Given Name:		Surname:		Middle Initial:	
Mailing Address:					
City:		Province/Territory:		Postal Code:	
Phone Number(Home):		Email:			
Phone Number(Cell):		Phone (Work):			

#### Claim Information

Please check all items that you are requesting reimbursement for

Private Vehicle Mileage:                  Meals:                  Accomodation:                  Other: \_\_\_\_\_  
*(Please identify)*

*Please fill out information below as applicable*

#### Private Vehicle Mileage

##### Trip 1

Travelled From:		Travelled To:	
Date/Time of Departure:		Date/Time of Arrival:	

##### Trip 2

Travelled From:		Travelled To:	
Date/Time of Departure:		Date/Time of Arrival:	

*Please note that a per kilometer rate is reimbursed based on distances given in the Canadian Warehousing Official Distance Guide or for other distances it will be based on the generally accepted kilometrages for the most direct route.*

#### Meals

*Please attach all original receipts for which you are requesting reimbursement*

#### Accomodation

Private Accomodation: How many nights did you stay in a private residence?

Commercial Accomodation: *Please attach original receipt*

#### Other

Please briefly describe what you are requesting reimbursement for and attach any original receipts:

#### Comments

*I hereby certify that the above information is true and accurate to the best of my knowledge*

<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness Signature	Print Name	Date

Please submit claim and all supporting documentation to:

Finance Division, Department of Justice  
Government of the Northwest Territories

P.O. Box 1320

Yellowknife, NT X1A 2L9

Email: [Witness\\_Assistance@gov.nt.ca](mailto:Witness_Assistance@gov.nt.ca)

Fax: (867) 873-0173