



Association of Justice Counsel Association des Juristes de Justice

1545 av. Carling Ave., #406, Ottawa, ON Canada K1Z 8P9
 TEL: 613-798-9900/866-218-3310
 FAX: 613-564-0606

www.ajc-ajj.com
 admin@ajc-ajj.com

EXPENSE CLAIM

Claimant: (Please print)	Date: YYYY / MM / DD
Address, telephone, email: <input type="checkbox"/> Home <input type="checkbox"/> Office	Purpose:

Date MM/DD	Details (including names of places where expenses were incurred.	Air fare	Meals & incidentals	Lodging	Other exp.	TOTAL
Total expenses						

<div style="border: 1px solid black; width: 100px; height: 60px; margin: 0 auto;"></div>	minus	<div style="border: 1px solid black; width: 100px; height: 60px; margin: 0 auto;"></div>	equals	<div style="border: 2px solid black; width: 150px; height: 60px; margin: 0 auto;"></div>
Total expenses		Advance		TOTAL CLAIM

I certify that the amounts included in this claim were incurred on AJC business.

 Signature of Claimant

 Date