



Mohawks of the Bay of Quinte
SPECIAL MEDICAL TRANSPORTATION
Confirmation of Attendance

This is to certify that _____ Band Number _____
received professional services from:

(Name & address of Professional in block letters)

Date: _____ Time of Apt: _____

Pick-Up Time: _____ Return Time : _____

Receptionist/Office Signature: _____ *(or affix an official stamp below)*

Client's Signature: _____

Driver's Name: _____

Drivers Mailing Address: _____

FOR CWC OFFICE USE ONLY

MTC Signature: _____ Date: _____

Signing Authority: _____

Account Code: **125005**

Trip Allowance: \$ _____

Other Benefits: \$ _____

Total Travel Allowance: \$ _____

****Not necessary for a physician to sign**

50 Meadow Drive, Tyendinaga Mohawk Territory K0K 1X0
Tel: 613-967-3603 Fax: 613-962-4210