

TO: V.J. Colasanti, Employment and Social Services Division, Municipality of Chatham-Kent
P.O. Box 1230, 435 Grand Avenue West, Chatham, Ontario, N7M 5L8

RE: **TRAVEL AND TRANSPORTATION COSTS TO MEDICAL APPOINTMENTS**

This is to verify that
attended at our office on
for necessary medical treatment.

Signature:
Name (Please print):
Title:
Facility:
Location of Facility:
Client Date of Birth:
Case Manager Name:

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