

General information

Represented person

Last name	First name	Curateur public file no.
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Person requesting the reimbursement

Last name	First name	Date of birth yyyy-mm-dd
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Title	Telephone no.	Ext.	Institution file no.
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Institution name

Address Number, Street, City	Postal code
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Amount requested

\$

Authorized signature or stamp of the institution

Instructions

Note: This form should only be filled out in the case of a public tutorship. The represented person's case number with the Curateur public du Québec must be entered.

The completed form must be sent to the following address:

Curateur public du Québec
 500, rue Sherbrooke Ouest, bureau 1832
 Montréal (Québec) H3A 0J2