

Ontario Secondary School Teachers' Federation  
District 10 - Lambton Kent

# EXPENSE VOUCHER

Please PRINT

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SCHOOL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*(If you would prefer eTransfer)*

Date of Meeting/Trip/Event  
\_\_\_\_\_

Date of Submission  
\_\_\_\_\_

RECEIPTS MUST ACCOMPANY  
ALL SUBMISSIONS

*Please provide the signatures indicated below:*

CLAIMANT: \_\_\_\_\_

EXECUTIVE MEMBER: \_\_\_\_\_

## ACCOUNT

*Indicate the type and amount of expenditure:*

Child Care.....\$ \_\_\_\_\_

Meals.....\$ \_\_\_\_\_

Parking .....\$ \_\_\_\_\_

Travel:

Total # KM \_\_\_\_\_

Single (50¢/km) .....\$ \_\_\_\_\_

Carpool - 1 Passenger (60¢/km).....\$ \_\_\_\_\_

Carpool - 2 Passengers (75¢/km) ....\$ \_\_\_\_\_

*Please list occupants:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other *(please specify)* .....\$ \_\_\_\_\_

## PROJECT

*Indicate the amount to be allocated to each project:*

Com. - CBC/Grievance .....\$ \_\_\_\_\_

Com. - CPAC.....\$ \_\_\_\_\_

Com. - Educational Services .....\$ \_\_\_\_\_

Com. - Health & Safety .....\$ \_\_\_\_\_

Executive - Expense .....\$ \_\_\_\_\_

Meeting - AMDA .....\$ \_\_\_\_\_

Meeting - AMPA.....\$ \_\_\_\_\_

Meeting - Council.....\$ \_\_\_\_\_

Meeting - Executive .....\$ \_\_\_\_\_

Occasional Teachers .....\$ \_\_\_\_\_

Other *(please specify)* .....\$ \_\_\_\_\_

TOTAL CLAIM: \$ \_\_\_\_\_