

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 (58¢/km)\$ _____

Carpool - 1 Passenger (65¢/km).....\$ _____

Carpool - 2 Passengers (80¢/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: \$ _____