

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	
<i>Indicate the type and amount of expenditure:</i>	
Child Care	\$ <input type="text"/>
Meals	\$ <input type="text"/>
Parking	\$ <input type="text"/>
Travel:	
Total # KM <input type="text"/>	
Single (64¢/km)	\$ <input type="text"/>
Carpool - 1 Passenger (69¢/km)	\$ <input type="text"/>
Carpool - 2 Passengers (74¢/km)	\$ <input type="text"/>
<i>Please list occupants:</i>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Other (please specify)	\$ <input type="text"/>

PROJECT	
<i>Indicate the amount to be allocated to each project:</i>	
Com. - CBC/Grievance	\$ <input type="text"/>
Com. - CPAC	\$ <input type="text"/>
Com. - Educational Services	\$ <input type="text"/>
Com. - Health & Safety	\$ <input type="text"/>
Executive - Expense	\$ <input type="text"/>
Meeting - AMDA	\$ <input type="text"/>
Meeting - AMPA	\$ <input type="text"/>
Meeting - Council	\$ <input type="text"/>
Meeting - Executive	\$ <input type="text"/>
Occasional Teachers	\$ <input type="text"/>
Other (please specify)	\$ <input type="text"/>

TOTAL CLAIM: \$