

District 26 Expense Form (Rev – Jan. 2023) email form and scanned receipts to office@d26.osstf.ca



NAME:

Type of Release: <input type="checkbox"/> None <input type="checkbox"/> Full Day <input type="checkbox"/> Half-Day AM (includes repeat period)	<input type="checkbox"/> Other: <input type="checkbox"/> Half-Day PM (does not include repeat period)
--	--

Was an Occasional Teacher (OT) hired for your replacement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

What periods were you away from?	AM1: <input type="checkbox"/>	Repeat: <input type="checkbox"/>	AM2: <input type="checkbox"/>	PM3: <input type="checkbox"/>	PM4: <input type="checkbox"/>
----------------------------------	-------------------------------	----------------------------------	-------------------------------	-------------------------------	-------------------------------

What were the periods (e.g., SST, SBI3C, Guidance)?					
---	--	--	--	--	--

What periods did the OT replace you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------------------	--	--	--	--	--

Payee Information:	Address is only required for first time expense or for a change in address.	Preference for Payment:
<input type="checkbox"/> Check box if change of address.		

Address:	<input type="checkbox"/> Interact E-Transfer	E-mail:
----------	--	---------

City:	Postal Code:	<input type="checkbox"/> Cheque by mail	
-------	--------------	---	--

* List car-pooling passenger(s):	<input type="checkbox"/> Bank information on file	<input type="checkbox"/> Attached EFT Form or Void Cheque
----------------------------------	---	---

Signature of Claimant:

Office Use Only	Date of Expense	Event (can list multiple events, use separate line)	Car-Pooling (km)			Mileage Amount (\$)	**Other Expenses	Totals
			Single (0.62/km)	1-Passenger (0.72/km)	Multiple (0.82/km)			

Voucher #:	Cheque#:	<input type="checkbox"/> E-transfer or <input type="checkbox"/> EFT	Date of Payment:	Amount Paid:
------------	----------	---	------------------	--------------

Notes: *Passengers must be eligible for mileage **Child Care expenses must have dated & signed receipts	D26 District Release Officer Authorization
--	--