

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"/> Other:
	<input type="checkbox"/> Half-Day AM (includes repeat period)	<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
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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"/>
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What were the periods (e.g., SST, SBI3C, Guidance)?					
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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"/>
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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:
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City:	Postal Code:	<input type="checkbox"/> Cheque by mail	
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* List car-pooling passenger(s):	<input type="checkbox"/> Bank information on file	<input type="checkbox"/> Attached EFT Form or Void Cheque
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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:
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Notes: *Passengers must be eligible for mileage **Child Care expenses must have dated & signed receipts	D26 District Release Officer Authorization
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