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| **District 26 Expense Form (Rev – Jan. 2024) email form and scanned receipts to** [**office@d26.osstf.ca**](mailto:office@d26.osstf.ca) | | | | | | | | | | | | | | | Graphical user interface  Description automatically generated with medium confidence | | | | | | |
| **Type of Release:** | □ None | | | | □ Full Day | | | | | | | □ Other: | | | | | | | | | |
|  | | | | □ Half-Day AM (includes repeat period) | | | | | | | □ Half-Day PM (does not include repeat period) | | | | | | | | | |
| Was an Occasional Teacher (OT) hired for your replacement? | | | | | | | | | | | | □ Yes | | | | | | □ No | | | |
| What periods were you away from? | | | | | | | | AM1: □ | | Repeat: □ | | AM2: □ | | | | | | PM3: □ | | PM4: □ | |
| What were the periods (e.g., SST, SBI3C, Guidance)? | | | | | | | |  | |  | |  | | | | | |  | |  | |
| What periods did the OT replace you? | | | | | | | | Yes □ No □ | | Yes □ No □ | | Yes □ No □ | | | | | | Yes □ No □ | | Yes □ No □ | |
| ***Payee Information:*** | | | | ***Address is only required for first time expense or for a change in address.*** | | | | | | ***Preference for Payment:*** | | | | | | | | | | | |
| □ *Check box if change of address.* | | | |
| Address: | | | | | | | | | | □ Interact E-Transfer | | | | | | | E-mail: | | | | |
| City: | | | Postal Code: | | | | | | | □ Cheque by mail | | | | | | |  | | | | |
| **\* List car-pooling passenger(s):** | | | | | | | | | | □Bank information on file | | | | | | | □ Attached EFT Form or Void Cheque | | | | |
| **Name of Claimant:** | | | | | | | | | **Signature:** | | | | | | | | | | | | |
| **Office Use Only** | | **Date of Expense** | | | | **Event**  (can list multiple events, use separate line) | | | **Car-Pooling (km)** | | | | | | | **Mileage Amount ($)** | | | **\*\*Other Expenses** | | **Totals** |
| **Single**  **(0.64/km)** | | **1-Passenger**  **(0.74/km)** | | **Multiple**  **(0.84/km)** | | |
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| Voucher #: | | Chq# | | | | □ E-transfer or □ 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 | | | | | | | | | | | | | | |