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| **District 26 Expense Form (Rev – Jan. 2024) email form and scanned receipts to** **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 |