



**Secondary Occasional Teachers' Professional Development Fund  
OSSTF Upper Canada District 26  
EXPENSE CLAIM FORM**



Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School: (if applicable) \_\_\_\_\_ Application Reference Number: \_\_\_\_\_ (Office use)

Home Address: \_\_\_\_\_  
(Number, Street, Apt.) (City) (Province) (Postal Code)

Telephone number: \_\_\_\_\_ Check one: LTO \_\_\_\_\_ or Casual OT \_\_\_\_\_

**Part A – Expenses Paid by the Teacher (The amount the teacher is to be reimbursed by SOPDF)**  
*A cheque (Total maximum \$300.00) will be sent for the amount supported by ORIGINAL receipts-NOT PHOTOCOPIES. For travel by automobile, gasoline receipts are not required.*

DATE	CONFERENCE/WORKSHOP or COURSE REGISTRATION	HOTEL	TRAVEL 45 cents per km		FOOD	OTHER (OT,...)	TOTAL
			km	Total			

**Part B – Expenses Paid by the School (The amount the school is to be reimbursed by the SOPDF)**  
*The school will be reimbursed by cheque (Total maximum \$300.00) for the amount supported by ORIGINAL receipts.*

DATE	CONFERENCE/WORKSHOP or COURSE REGISTRATION	HOTEL	TRAVEL 45 cents per km		FOOD	OTHER (OT, ...)	TOTAL
			km	Total			

**TOTAL CLAIM AMOUNT: \$ \_\_\_\_\_ (Total of Part A + Part B)**  
*(Max: \$300 Conferences/Workshops; or \$300 Job Shadowing/In-Service )*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Send Original Receipts ...**

<p><b>By Board Courier to:</b> Office Manager Secondary Professional Development c/o OSSTF, Kemptville</p>	<p><b>OR by Mail to:</b> OSSTF District 26 P.O Box 1081 Kemptville, ON, K0G 1J0</p>
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**ALLOW AT LEAST EIGHT WEEKS TO PROCESS**