

District Expense Form (Rev – January 2019)

Scan/email to: office@d26.osstf.ca



Was an Occasional Teacher hired for your replacement? ___ Yes ___ No

If yes:

How many periods were you absent from teaching (excluding “prep” period)? _____

Length of period: 75 mins or 60 mins

How many of your periods did the Occasional Teacher cover as your replacement? _____

Event

___ PSSP Executive	___ OT Executive	___ Committee:
___ TBU Executive	___ CBC	___ Other:
___ District Executive	___ Council	___ Office Expenses

Payee information

Name:	Signature of Claimant
Address:	
City & Postal Code:	
Date of Meeting:	

Mileage Claim: (for “car pool”, passengers must be eligible passengers)

NO Car-Pooling: _____ km X \$0.45/km = _____

CAR POOL (1 passenger): _____ km X \$0.55/km = _____ *List name:*

CAR POOL (2 or more passengers): _____ km X \$0.65/km = _____ *List names:*

Other: (for Child Care, supplies or meals please indicate below and include receipts):

For Office Use Only

Amount Paid:	Account #:
Cheque Amount: \$	Notes:
(Voucher #)	
(Cheque #)	
(Date Paid)	I recommend this account be paid: _____ (Authorized Signature)