

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:	Total requested: \$

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