District 26 Expense Form (Rev – Jan 2026) email form and scanned receipts to office@d26.osstf.ca

Type of Release: ☐ None ☐ Full Day ☐ Half-Day AM (includes repeat period) ☐ Other: ☐ 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: ☐ *Check box if change of address.*	***Address is only required for first time expense or for a change in address.***	***Preference for Payment:***	
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 (0.67/km)	**0.05/km additional each passenger**				
Voucher #:	Cheque#:	☐ 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	