

OSSTF District 11

Request Form Fax to: (519) 659-2421

Expense Voucher

Reimbursement is calculated in the following manner:

Reimbursement will be the distance from your workplace to your meeting to your home MINUS the distance from your workplace to your home.

Payable To: (Please print)			
Name			
Home Address			
City			
Postal Code			
Phone Number			
School Location			
Mileage Expenses:			
*(Please indicate the names of passengers if car pooling)			
Date	Meeting & Location	KM	*Rate Regular rate-.40/km Car pool -.50/km
Other Expenses:			
Account (Office Use)	Date	Expenditure	Amount