Request Form Fax to: (519) 659-2421 or Email: osstf11@execulink.com

Reimbursement is calculated in the following manner:

Payable To: (P	leas	e print)							
Name									
Home Address									
City									
Postal Code									
Phone Number									
School Location									
Mileage Expen *(Please indicate		names of pas	ssengers	if car p	ooling)				
Date	Me	eeting & Loc	ation		KM	*Rate	Regula	ar rate	42/km
							Ca	r pool -	.55/km

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