



Name (print): _____

School: _____

Home Civic Address:

Mailing Address(if different): _____

Claimant Signature: _____

Date paid:

Cheque #:

Amount:

Authorization
confirmed:

¹Mileage is based on travel from your school to OSSTF meetings and return to your home.

²If claiming carpooling, list passengers here: _____

³Itemized Receipts must be submitted for all claims other than mileage.