



Expense Claim – OSSTF District 28 (Renfrew)

Please complete expense claim in full.

Name (print): _____

School: _____

Home Civic Address: _____

Mailing Address(if different): _____

Claimant Signature: _____

For Treasurer use only:	
Date paid:	
Cheque #:	
Amount:	

Date	Committee ¹ (DC, CBC, CPAC, Office Managers etc.)	Location	Mileage ²				Other ⁴	
			km Return	Solo km x \$.45	1 Carpool ³ km x \$.50	2+ Carpool ³ km x \$.60	Specify what (Meals, Office, Child care etc.)	Amount
			Totals →					
							Grand Total →	

¹Committee Chair Signature(s): _____

²Mileage is based on travel from your school to OSSTF meetings and return to your home.

³If claiming carpooling, list passengers here: _____

⁴Receipts must be submitted for all claims other than mileage.