



**Ontario Secondary School Teachers' Federation
District 14**
2155 B Davis Road, Cavan Monaghan, Ontario K9J 0G5
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DISTRICT EXPENSE VOUCHER

CONTACT INFORMATION

Issue Cheque to	
Phone Number and e-Mail	
Mail Cheque to	
Event Or Standing Committee	
Location of Event(s)	
Date(s) of Events(s)	

EXPENSES TO BE REIMBURSED

Totals			
1. Mileage			
Travel To: _____	Return To: _____	Total kms: _____	_____
Postal Code: _____	Postal Code: _____	X \$0.42 per km	
2. Child Care			
Up to \$6 per hour, with a maximum of \$60 per day. Regardless of number of Dependents. Reimbursements not made to immediate family members.			_____
3. Meals			
With Prior Approval Only Attach the Original Receipt of Payment (Breakfast \$13, Lunch \$20, Dinner \$47)			_____
4. Accommodation			
Name of Establishment: <i>Attach the <u>Original</u> Receipt of Payment</i>			_____
5. Miscellaneous Expenses			
<i>With Prior Approval Only Attach the <u>Original</u> Receipt of Payment</i>			_____
6. Photocopying			
To a maximum of 20 pages per individual handout. Attach original receipt of payment.			_____
TOTAL			_____

Applicant's Signature

Date

Executive or Chair's Signature

Date