

Voucher #: _____
(optional)

Ontario Secondary School Teachers' Federation
District 7 - Bluewater
78 1st Avenue South, Chesley, ON N0G 1L0

Date: ____/____/____ dd mm yyyy
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INDIVIDUAL EXPENSE VOUCHER

Claimant: _____ (please print legibly)

Worksite: _____ (cheques will be sent by Board courier to this address)

Mileage Mileage is paid from worksite, to event or committee meeting site, and then to home.

To Be Completed By The Claimant (please print) If Carpooling, Please Indicate With Whom Under Purpose, Event or Committee Mtg.			For Office Use Only		
Date	Destination	Purpose, Event or Committee Mtg.	Kilometres	Amount	Line Item

Other Receipts must accompany all submissions.

To Be Completed By The Claimant (please print)				For Office Use Only	
Date	Item	Purpose, Event or Committee Mtg.	Amount	Line Item	

Bill to: District ESP OPT OT PSSP TBU (circle one)

Claimant's Signature: _____

Signing Authority's Signature: _____

All payments to members require the signed authorization of their President. Payments to Presidents require the signed authorization of another duly elected member of their related Executive/Council.