

Voucher #: \_\_\_\_\_  
(optional)

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

Date: _____ / _____ / _____ dd   mm   yyyy
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**GROUP MILEAGE VOUCHER**

Event or Committee Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

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

To be completed by the claimants (please print). If carpooling, please indicate with whom under claimant.			For Office Use Only	
Claimant	Worksite <small>(cheques will be sent by Board courier to this address)</small>	Kilometres	Amount	Cheque #

Bill to:      District    ESP    OPT    OT    PSSP    TBU    (circle one)    Line Item: \_\_\_\_\_

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.