Voucher #

Optional

Ontario Secondary School Teachers ' Federation
District 7 Bluewater
Box 57, 104 1st Ave South, Chesley, ON N0G 1H0

DATE:

CARPOOLING MILEAGE CLAIM FORM

Date of Meeting/Event:

Location:

Meeting/Event Name:

- Mileage is paid from worksite to meeting or event location , and then to the claimants home.
- Home mailing addresses are REQUIRED; Reimbursements will be mailed to home address or E-transfered if claimant has registered for EFT.
- Mileage Rate will be as per the OSSTF Financial Rates (Federation Activity Allowable Expenditure Guidelines)
- Please submit additional forms if necessary.

DRIVER **Worksite**

Non BWDSB Email Address:

Home Mailing Address:

Driver to complete	Starting Location	Destination	# of Passengers	Total Kilometres	Mileage Rate	**FOR OFFICE USE ONLY** $Amount	Line Item
Traveling Alone					$ 0.67		
With additional passenger(s)							
				Total Claim			

Claimant Signature: _____

PASSENGER #1 **Worksite**

Non BWDSB Email Address:

Home Mailing Address:

	Starting Location	Destination		# of Kilometres	Mileage Rate	**FOR OFFICE USE ONLY** $Amount	Line Item
Traveling Alone					$ 0.67		

Claimant Signature: _____

PASSENGER #2 **Worksite**

Non BWDSB Email Address:

Home Mailing Address:

	Starting Location	Destination		# of Kilometres	Mileage Rate	**FOR OFFICE USE ONLY** $Amount	Line Item
Traveling Alone					$ 0.67		

Claimant Signature: _____

Bill To: (select one) ☐ **District** ☐ **ESP** ☐ **OPT** ☐ **PSSP** ☐ **STBU**

Signing Authority's Signagure: _____

Vouchers must be authorized by District or Bargaining Unit President or Vice President, or a Committee Chair