Ontario Secondary School Teachers' Federation

Voucher # _____ (optional)

District 7, Bluewater

Box 57, 104 First Avenue South, Chesley, ON N0G 1L0

Date _____

INDIVIDUAL EXPENSE VOUCHER

Claimant _____ Worksite _____

Personal, non-BWDSB **email** address _____

Home **mailing** address _____

(N.B. Home mailing address is REQUIRED; cheques will be mailed to this address.)

Mileage Mileage is paid from worksite to event or committee meeting site, and then to the claimant's home. For mileage within the District, the Board's town distance calculator will be used. If carpooling, please indicate with whom under "Purpose, Event, or Committee Meeting."

TO BE COMPLETED BY THE CLAIMANT				FOR OFFICE USE ONLY	
Date	Destination	Purpose, Event, or Committee Meeting	Kilometres	$ Amount	Line Item

Total Amount

Other Expenses Receipts must accompany all submissions.

TO BE COMPLETED BY THE CLAIMANT					FOR OFFICE USE ONLY
Date	Item	Purpose, Event, or Committee Meeting	√ Receipt Attached	$ Amount	Line Item
			☐		
			☐		
			☐		
			☐		
			☐		

Total Amount

Bill to (check one) ☐ District ☐ ESP ☐ OPT ☐ PSSP ☐ STBU

Claimant's Signature_____

Signing Authority's Signature _____

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