



Expense Claim – OSSTF District 28 (Renfrew)

Name (print): _____

School: _____

Civic Address: _____

Mailing Address: _____

Claimant Signature: _____

For Treasurer use only:	
Date paid:	_____
Cheque #:	_____
Amount:	_____

Date	Committee ¹ (DC, CBC, CPAC, Office Managers etc.)	Location	Mileage ²				Other ⁴	
			km Return	Solo km x \$.45	1 Carpool ³ km x \$.50	2+ Carpool ³ km x \$.60	Specify what (Meals, Office, Child care etc.)	Amount
Totals →							Grand Total →	

¹Committee Chair Signature(s): _____

²Mileage is based on travel from your school to OSSTF meetings and return to your home.

³If claiming carpooling, list passengers here: _____

⁴Receipts must be submitted for all claims other than mileage.