

OSSTF DISTRICT 19
**EXPENSE
VOUCHER**

NAME _____
 DATE _____ SCHOOL _____
 OSSTF POSITION _____ HOME ADDRESS _____

TRAVEL

DATE	TO	FROM	COMMITTEE & FUNCTION	KM	TOTAL AMOUNT (\$)
TOTAL					

EXPENSES

NAME & DESCRIPTION OF ACTIVITY. PLEASE ATTACH ALL RECEIPTS.	TOTAL AMOUNT (\$)
TOTAL	

 **CLAIMANT SIGNATURE** _____

OFFICE USE WHITE & YELLOW COPY TO BE SUBMITTED FOR PAYMENT. PINK COPY TO BE RETAINED BY CLAIMANT.

BUDGET #	APPROVAL	COMMITTEE	TOTAL AMOUNT (\$)
CHEQUE #	DATE	EMC _____	TOTAL