OSSTF District 11

OSSTF Dist Email: district		Expense Voucher Fax: (519) 659-2421				
Payable To (P Name:	•					
Mailing Addres						
City:		Postal Code:				
School Location	n:Pho	ne Number:				
Meal Expenses:						
Date	Meeting & Location	Business	Business Name			
				+		
			Moal Total	é		
			Meal Total:	ş[
Mileage Expe	nses: (Please indicate the names of	passengers if	car poolin	g)		
	Sep 1, 2022 to Dec 23, 2022					
Regular58/km	Car pool65/km (1 passenge	er) .	80/km (2 or n	nore passengers)		
Regular62/km	Jan 9, 2023 to Current	For each additiona	l oligible pas	congor add \$0.0E		
Date	Meeting & Location	KM	Rate	Total (\$)		
Date	Meeting & Location	Kivi	Nate	Total (5)		
		+				
		†		†		

Reimbursement will be the distance from your workplace to your meeting to your			ileage Total: \$	
home MINUS the distance from your workplace to your home.			ense Total: \$	
			•	