

OSSTF District 11

Email: district11@osstf11.com

Expense Voucher

Fax: (519) 659-2421

Payable To (Please print):

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

School Location: _____ Phone Number: _____

Meal Expenses:

Date	Meeting & Location	Business Name	Total

Meal Total: _____

Mileage Expenses: (Please indicate the names of passengers if car pooling)

Regular - .58/km

Car pool - .65/km (1 passenger)

.80/km (2 or more passengers)

Date	Meeting & Location	KM	Rate	Total

Reimbursement will be the distance from your workplace to your meeting to your home MINUS the distance from your workplace to your home.

Mileage Total: _____

Expense Total: _____