

OSSTF DISTRICT 23 EXPENSE FORM

(Updated: March 31, 2023)

District Coordinating
Committee

Date: _____

Name: _____

School/Workplace: _____

Address: _____

City: _____

Address: _____

Postal Code: _____

RECEIPTS ARE NECESSARY FOR ALL EXPENSES EXCEPT MILEAGE**A. TRAVEL**

Dates: _____

Reason: _____

Committee	#1	#2	#3	#4	Total KM
District Coordinating					
Finance					
Educational Services					
CEE/Political Action					
Status of Women					
Human Rights					
Health & Safety					

Transfer mileage from chart to section "A" below

Automobile (Mileage x 1 person)	km x .62	\$.
Automobile (Mileage x 2 persons)	km x .67	\$.

B. MEALS:

Dates: _____

Reason: _____

Committee Meeting Meals:	\$.
Meals while travelling:	\$.
Other: (specify)	\$.

C. ACCOMMODATIONS:

Dates: _____

Reason: _____

Room/Rent:	\$.
Other: (specify)	\$.

D. OFFICE EXPENSES:

Dates: _____

Reason: _____

Supplies/Photocopying:	\$.
Postage:	\$.
Other: (specify)	\$.

E. MISCELLANEOUS:

Dates: _____

Reason: _____

	\$.
	\$.
	\$.

GRAND TOTAL	\$.
--------------------	-----------	----------

SIGNATURE: _____

APPROVED: _____