



Toronto Secondary Unit
Ontario English Catholic Teachers' Association

**RELEASE DAY/CONFERENCE
EXPENSE FORM**

Name: _____

School: _____

Date: _____ / _____ / _____
Month Day Year

ITEMS CLAIMED		AMOUNT CLAIMED	ACCOUNT CODE
1	Mileage	Kms X \$0.47	
2	Accommodations		
3	Meals (maximum \$20 per meal)		
4	Other (be specific)		
TOTAL AMOUNT CLAIMED			

Claimant's Signature: _____

NOTE: ALL CLAIMS MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTATION BEFORE PAYMENT WILL BE MADE:

1. APPROPRIATE RECEIPTS (IF APPLICABLE)
2. A REPORT OR MINUTES OF THE MEETING OR EVENT
 - a) Committee or work group meeting: Chair or designate must provide report/minutes
 - b) Individual release/conference: Member must provide report/minutes

FOR OFFICE USE ONLY

Signature: _____

Cheque Number: _____

Notes: _____



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