



Toronto Secondary Unit  
Ontario English Catholic Teachers' Association

## UNIT EXPENSE FORM

Name: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

ITEMS CLAIMED (GIVE SPECIFIC DETAILS)		AMOUNT CLAIMED	ACCOUNT CODE
1			
2			
3			
4			
5			
6			
TOTAL AMOUNT CLAIMED			

Claimant's Signature: \_\_\_\_\_

**NOTE: ALL CLAIMS MUST BE ACCOMPANIED BY THE APPROPRIATE RECEIPTS.**

### FOR OFFICE USE ONLY

Signature: \_\_\_\_\_

Cheque Number: \_\_\_\_\_

Notes: \_\_\_\_\_