## **OSSTF RAINBOW DISTRICT 3**

184 A Ninth Avenue, P.O. Box 3456, Lively, ON P3Y 1M6 Telephone: 705-692-3923 Fax: 705-692-0154

## **EXPENSE CLAIM FORM**

	Cheque No  DATE:			
NAME:				
ADDRESS:				
CITY:			<u>.</u>	
WORK SITE:				
ACCEPTED EXPENDITURES				
DESCRIPTION	PART A	Amount \$	For Office Use:	
	Total A			
ADDDOVED MUSACE	DART	A	Fan Office Head	
APPROVED MILEAGE	PART B	Amount \$	For Office Use:	
	Total B			
Total A + Total B =	\$	Total Amount of Cheque		
Note: Reimbursen	nent will occur when expenses total \$50.00	or more.		
Claimant's Signature:				
District Treasurer:				