

OSSTF District 21-Teacher's Unit
WORKSHOP/CONFERENCE REIMBURSEMENT CLAIM FORM

Please Print Legibly

DATE: _____

Applicant's Name: _____

School / Location: _____

Description of Claim:

Title: _____

Dates: _____

Location: _____

Group running it: _____

*Please note that no funding will be given for any HWDSB or ABC
Etc. courses

Applicant's Signature: _____

*Please give this completed form and all receipts to your branch
ESC representative in your school or forward to the Educational
Services Committee at the District Office.*

Approved by: _____

EXPENSES: *(All original receipts must be attached)*

Registration Fee: \$ _____

Meals: \$ _____

Accommodations: \$ _____

Other: _____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES: \$ _____

OTHER FUNDING SOURCES: *(Note that an application to HWDSB
must be approved/denied before applying to OSSTF)*

HWDSB \$ _____

Individual Member \$ _____

Other: _____ \$ _____

LESS Total Funding Sources: \$ _____

Total Claim (limit of 100.00 per school year) \$ _____

Date: _____