OSSTF DISTRICT 27 EXPENSE SUMMARY

CLAIMANT/NAME _____

CLAIMED DATE _____

POSTED DATE _____

CHEQUE # _____ JOURNAL # _____

Account #	Description (meals, accommodation, child care, transportation, other…)	Amount	
	TOTAL		

Checked and Authorized by:

_____

Committee Chairperson or BU President or Vice Chair/Alternate

Checked and Authorized by:

_____

District Treasurer

Receipts must be attached for payment. **Please do not sign your own voucher.**