

NORTHERN ONTARIO SECONDARY SCHOOLS' ASSOCIATION  
N.O.S.S.A.



**DELEGATE EXPENSE CLAIM FORM**

MEETING: \_\_\_\_\_

DATE: \_\_\_\_\_

**EXPENSES CLAIMED**

| ITEM          | DETAIL                         | AMOUNT      | TOTAL |
|---------------|--------------------------------|-------------|-------|
| TRAVEL        | _____ km                       | x \$0.30/km |       |
|               | or pro-rata share of bus costs |             |       |
| ACCOMODATIONS | total amount of room cost      |             |       |
| MEALS         | _____ breakfast                | \$8.00      |       |
|               | _____ lunch                    | \$8.00      |       |
|               | _____ dinner                   | \$20.00     |       |
|               |                                | TOTAL       |       |

NAME OF CLAIMANT: \_\_\_\_\_

DISTRICT AND ROLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Submit to N.O.S.S.A. Treasurer prior to annual meeting lunch break for reimbursement.