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ONTARIO ENGLISH CATHOLIC TEACHERS' ASSOCIATION

EXPENSE CLAIM FORM

Budget Line Code:	Account:

Shaded Portion Above to be completed by the OECTA Office

Cheque Payable To: _____

Items:	Cost:
SUBTOTAL	\$

Approved	Total	\$
Cheque No.	Date:	

**Note: All claims except mileage require official receipts.
 Receipts are to be attached to the back of this form.**