



**AMPA 2022  
EXPENSE VOUCHER FOR DELEGATES,  
ALTERNATES AND OTF BOARD OF GOVERNORS**

**Please fill out the form on your screen, save it and attach it to an email to our office  
[ampa@osstf.ca](mailto:ampa@osstf.ca).**

**Name** **District Number**  
**Full Address**  
**Email Address** **Contact #**

**DEPENDANT CARE**

Specify the dependant(s) you are claiming for:

Name of Dependent	Age	
Dependent 1		\$
Dependent 2		\$
Dependent 3		\$
Dependent 4		\$

For additional information, please use separate sheet.

**TOTAL EXPENSES CLAIMED** \$

**Member Signature:**

**Date:**

**Approved by:**

**Date:**

**Payment will not be issued if receipt is missing.**