

ACCOUNT #2010 CLAIM FORM

PROFESSIONAL DEVELOPMENT AND UNION TRAINING

District:
Name of Contact:

Work Location:	Work Phone:
-----------------------	--------------------

Work Location Address:

1. Title of Program/Event:		
Date:	Amount Claimed:	Number of OSSTF/FEESO Participants:

2. Title of Program/Event:		
Date:	Amount Claimed:	Number of OSSTF/FEESO Participants:

3. Title of Program/Event:		
Date:	Amount Claimed:	Number of OSSTF/FEESO Participants:

Signatures and Date		
District or BU President:		
District Treasurer (if applicable):		
Date:		

You may forward FULLY COMPLETED #2010 Claim Form to
Mariya Zolotko, Financial Controller by email Mariya.Zolotko@osstf.ca