**OSSTF/OTBU Childcare/Dependant Care Guideline & Form**

Complete the Childcare/Dependant Care Voucher below and send to the address above.

OSSTF Federation Activity Allowable Expenditure Guidelines as per the OSSTF Financial Handbook. Authorized expenses approved by the Bargaining Unit will be reimbursed within the allowable limits. Expense vouchers must be accompanied by **original receipts.**

Childcare or dependant care expenses to allow members to attend authorized OSSTF activities will be reimbursed at a rate **up to $ 15.00 per hour.** The maximum reimbursement for a day will be 10 hours, regardless of the number of dependants. If overnight care is needed**, up to $50 will be provided for overnight care.** Reimbursements will not normally be made to immediate family members, including parents and siblings.

**Receipts from the childcare or dependant care provider must be provided, dated and signed by both the child/dependant care provider as well as the member.**

If there are exceptional circumstances, contact Bargaining Unit Office in advance for consideration of special approval.

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**Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non TDSB Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTBU event attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date and Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Childcare/Dependant Care Number of Hours\_\_\_\_ x $15.00 =\_\_\_\_\_\_\_\_\_\_\_\_Total**

**PLEASE DO NOT WRITE BELOW THIS LINE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTBU Signing Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**