

DEPENDANT CARE EXPENSE FORM

OECTA Member _____
(please print)

Unit _____

<u>Dependant(s) Name(s)</u>	<u>Age(s)</u>
_____	_____
_____	_____
_____	_____

Meeting for which dependant care expenses are being claimed:

Date _____ Location _____

AMOUNT \$ _____

Note: Please transfer AMOUNT to "OTHER" column on the EXPENSE REPORT.

Name of Sitter _____
(please print)

Signature of Sitter _____

Signature of OECTA Member _____

Procedure VII.4(c) of the OECTA Handbook:

"Any Association member who participates at any provincially funded conference, workshop, seminar or meeting and who has dependants requiring paid care in the absence of the member shall be entitled to claim a sum determined by the council of presidents as the cost of the care for each day and for each night the member is away from home, provided a receipt is submitted in accordance with Association procedures. The rate for more than one dependant shall be double the rate for single dependant."

That the names and ages of dependants be included in the receipts.

That spouses not be eligible to receive dependant care expenses and that older siblings only be eligible or receive dependant care expenses when both parents or the parent in a single parent family is/are registered participant(s) in the OECTA activity.

NOTE: Effective July 1, 2002 the sum claimable is \$20 per day and \$20 per night for one dependant and \$40 per day and \$40 per night for more than one dependant.