



ETFO HALTON TEACHER LOCAL KILOMETRAGE FORM

NAME: _____ SCHOOL: _____

Please circle position on ETFO: Executive Member Steward Committee Chair Committee Member

Kilometrage is paid for kms in excess of the normal kms driven to and from your designated school / site.

TOTAL KILOMETRAGE CLAIMED _____ @ \$0.73 km = \$ _____

____ Carpool Passenger Kilometers _____ @ \$0.10 km = \$ _____

TOTAL 407-ETR Expenses claimed below = \$ _____

TOTAL REIMBURSEMENT CLAIMED = \$ _____

Note: Kilometrage forms are due by June 15th and must be submitted in the same school year.

SIGNATURE: _____ DATE: _____

List all individual trips with kilometrage:

DATE	TO	FROM	REASON	Kms

Total Kilometres: _____

Carpool Expenses claimed by DRIVER only for trips included above.

Drivers may claim reimbursement at the rate of 10 cents per kilometer for each additional passenger.

Multiply the number of additional ETFO member passengers by the trip kilometers to determine passenger Kilometers.

Date	Passenger Names	Number of Passengers	Kilometers Travelled	Passenger Kilometers

Total Passenger Kilometers: _____

407-ETR Expenses for trips indicated above (Original 407-ETR bill MUST be attached*)

Stewards, Executive and Committee members may claim 407-ETR expenses for union business when deemed a necessary expense and the most appropriate means of transportation.

****NB** Members are encouraged to use non-toll routes whenever feasible.**

DATE	TRIP COST*

407-ETR Tolls Claimed: \$ _____