



ONTARIO FEDERATION OF SCHOOL ATHLETIC ASSOCIATIONS

3 Concorde Gate, Suite # 204
Toronto, ON M3C 3N7
Tel. (416) 426-7391; Fax (416) 426-7317

APPLICATION FOR A TRAVEL GRANT

PLEASE NOTE:

- 1. This form must be completed and sent to the OFSAA office at the above address and must be postmarked within a period of 30 days after the Championship date.
2. Do not submit this form if total travel costs are less than \$1,500.
3. Do not seek reimbursement for any expenses other than travel.
4. Please read both sides carefully and complete as directed.

Name of School: Name of Teacher-Coach

Address: School Position

City/Town: Postal Code

School Telephone: School Fax

Name of OFSAA Championship Attended:

Date: Location:

The following individuals (please print) represented our school at the above OFSAA Championship:

Two columns of horizontal lines for listing names of individuals who represented the school at the championship.

Teacher-Coach's Signature

Principal's Signature

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A. IF PRIVATE VEHICLE USED:

Number of kilometers driven to and from Championship: _____ km
Multiplied by 20 cents/km \$ _____

No receipts required. Fuel purchase does not apply.

B. IF RENTED VEHICLE USED:

Rental cost (**submit receipts**): \$ _____
Fuel purchased while en route (**submit receipts**): _____
Total Costs: \$ _____

The rental receipt must be the **final** accounting and not the original estimate from the rental company.
Reimbursement for fuel only when receipts are submitted.

C. IF TRANSPORTATION PURCHASED (Bus, train, plane):

Cost of transportation (**submit receipts**): \$ _____
The cost of additional and necessary transportation (**submit receipts**): _____
Total Cost: \$ _____

THIS SECTION FOR OFFICE USE ONLY

Total travel costs: \$ _____
Percentage allowance @ 20% \$ _____
@ 25% _____
Less percentage adjustment (determined depending on grant money available) (_____)
TOTAL REIMBURSEMENT \$ _____