

ONTARIO FEDERATION OF SCHOOL ATHLETIC ASSOCIATIONS

7880 Keele Street, Suite 206
Concord, Ontario L4K 4G7
Tel. (905) 761-5540; Fax (905) 761-5542

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. In the case of Track & Field, Rugby and Soccer, applications must be dated **prior to** the last day of the school year.
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 Coach: _____

Address: _____ School Position: _____

City/Town: _____ Postal Code: _____

School Telephone: _____ School Fax: _____

Name of OFSAA Championship Attended: _____

Date: _____ Location: _____

The following individuals represented our school at the above OFSAA Championship:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

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 cent/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 Cost: \$ _____

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% \$ _____

Total Reimbursement: \$ _____