



ONTARIO FEDERATION OF SCHOOL ATHLETIC ASSOCIATIONS  
FÉDÉRATION DES ASSOCIATIONS DU SPORT SCOLAIRE DE L'ONTARIO

305 Milner Ave., Suite 207, Toronto, ON M1B 3V4  
Tel. (416) 426-7391 email: beth@ofsaa.on.ca

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## APPLICATION FOR A TRAVEL GRANT 2019 - 20

### 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. Alternatively, the form may be emailed to the office to [beth@ofsaa.on.ca](mailto:beth@ofsaa.on.ca). In the case of Track & Field, Rugby and Soccer, applications must be dated **prior to** the last day of the school year.
2. Only submit this form if total travel costs are **\$4,000 and over AND mileage is a minimum of 250 kms each way.**
3. Do not seek reimbursement for any expenses other than **travel**.
4. Please read **both sides** carefully and complete as directed.
5. The Travel Grant is not available for OFSAA Festivals

School: \_\_\_\_\_ Name of Teacher-Coach \_\_\_\_\_

Address: \_\_\_\_\_ Contact email: \_\_\_\_\_

City/Town: \_\_\_\_\_ **Postal Code** \_\_\_\_\_

School Telephone: \_\_\_\_\_ Contact extension #: \_\_\_\_\_

**Name of OFSAA Championship Attended:** \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

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

_____	_____
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Teacher-Coach's Signature

Principal's Signature

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**ALL APPLICANTS:**

Number of kilometers to and from the Championship: \_\_\_\_\_ km

**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: \$ \_\_\_\_\_