



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

APPLICATION FOR A TRAVEL GRANT 2021-22

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. 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: \$ _____