



**OECTA Member/School:** \_\_\_\_\_

**(please print)**

**Dependant(s) Name(s)**

**Age(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meeting for which dependant care expenses are being claimed:

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

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

**Name of Sitter:** \_\_\_\_\_

**(please print)**

**Signature of Sitter:**

\_\_\_\_\_

**Signature of OECTA Member:**

\_\_\_\_\_

That the names and ages of dependants be included in the receipts.

That spouses not be eligible to receive dependant care expenses and that older siblings only be eligible or receive dependant care expenses when both parents or the parent in a single parent family is/are registered participant(s) in the OECTA activity.

**The sum claimable is \$40 per night maximum.**