



OFFICE ONLY

Date Received:

Approved:

Amount:

c/o Co-op Teacher:

Date Processed:

OYAP Travel Expense Claim 2022/2023

Student: (please print) _____

School: _____

Some financial support is available to offset transportation costs incurred by OYAP Participants.

Note that this is applicable to students who:

- a) have a co-op placement in an apprenticeship trade - (enrolled – EOIS-APPR)
- b) have co-op placements beyond **3.2 kilometers** from their school or home base
- c) do not receive a bus pass from their school
- d) make their claim through this Travel Expense Claim (within present school year)
- e) have successfully completed (or are near completing) their co-op placement

This form must be signed by parents/guardians (unless the student is 18 years of age or older). Co-operative education teachers must attest to the fact that the conditions above are met.

Start Date	End Date	Placement	Trade	Distance (kms) (one way)	Travel Method (car, bus)

I certify the above conditions apply and I am requesting the following reimbursement: (please check box(s))

Signed:

Student: _____

Parent/Guardian: _____

Co-op Teacher:(Please Print then Sign) _____

Date: _____

Make cheque payable to *(Print Clearly)*: _____

Incomplete forms will be returned