



LAKE ONTARIO SECONDARY SCHOOL ATHLETICS

lossa@dXgV.ca

Claiming financial reimbursement for supply coverage.

Your Name: _____

School Name: _____

Current Date: _____

Reason for your supply coverage:

Date of Supply Coverage: _____

- Full Day
 Half Day
 Other _____

Forward the completed form to the secretary/treasurer, with documentation/proof of coverage.

Signature of Secretary/Treasurer: _____
"Lquj "Uko r uqp"- Gcuvf cng"EXK
LOSSA Secretary/Treasurer

Office Use Only

Date Received: _____

Date Sent: _____

Cheque #: _____ Amount: _____