

VOLUNTEER DRIVER MILEAGE REIMBURSEMENT FORM

Mileage reimbursement is available for volunteer drivers at Meals on Wheels in the amount of \$5.00 per route. Please submit this claim indicating the number of routes and dates driven. Please return to: Meals on Wheels 670 Albert Street Ottawa, On K1R 6L2

IMPORTANT: In order to assist us to meet CRA deadlines for receipting as well as the requirements of our fiscal year:

Please submit all claims for the period from Jan to March by March 31st

Please submit all claims for the period from April to December by December 31st

Volunteer Driver Information:

Name: _____ Address: _____

Please Choose Option 1 or 2

OPTION #1 Donation Option: Your gift is greatly appreciated! : I wish to direct the funds to which I am entitled by way of reimbursement for mileage, and would otherwise be forwarded to me by cheque, to be transferred to Meals on Wheels as my gift. Charitable donation receipts will be issued in January.

Volunteer driver signature to authorize donation _____

OPTION #2: I wish to receive my reimbursement by cheque. A cheque will be issued within approximately 2 weeks of claim submission.

Volunteer driver signature _____

Office Use	#	Date	Route (kitchen and route #)
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

For Office Use Only

Approved By: _____ Date (mm/dd/yy) _____

For Finance Use Only

Cheque Number _____

Date of Cheque _____

Date of Donation _____