



**VOLUNTEER DRIVER MILEAGE REIMBURSEMENT FORM**

Total KMs (carried over from Page 1)	=		(A)
Reimbursement Rate	=	\$0.45 per KM driven	(B)
Calculated Reimbursement Entitlement (A) * (B)	=		(C)

**OTHER EXPENSES (Parking, meals, 407 ETR, etc.) – Must attach original receipts and provide details of expense.**

Date	Details and Explanation of Expense	Amount

Subtotal of your OTHER EXPENSES \$ \_\_\_\_\_ (D)

**Total reimbursement entitlement: (C) + (D) = \$ \_\_\_\_\_ (E)**

**DONATION OPTION: Your gift to CSC is greatly appreciated!**

I choose to donate the following \$ amount from my reimbursement entitlement to Community Support Connections – *Meals on Wheels and More* (please fill in dollar amount of donation): \$ \_\_\_\_\_ (F)

**Signature to authorize donation**

**Note:** One income tax receipt will be issued by Feb.28<sup>th</sup> of the following year, for cumulative yearly donations of \$20 or more (or upon request).

**Issue my reimbursement for: (E) - (F) = \$ \_\_\_\_\_ (G)**

**For Office Use Only**

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Finance Use Only**

<b>Cheque Number:</b> _____	<b>GL Coding:</b> _____
<b>Date of Cheque:</b> _____	<b>GL Coding:</b> _____
<b>Date of Donation Entry:</b> _____	<b>GL Coding:</b> _____