Volunteer/Staff Name: Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Email Address for E-Transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Please attach maps for all travel expenses & meal/parking expenses. Thank you***

| Date | Purpose | Travel From (Address) | Travel To (Address) | Total  KM | Mileage x .53 cents/ km | Meal / Hospitality Expense | Parking  Expense | Total Expenses | Comments |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| **Total Expense** |  |  |  |  |  |  |  |  |  |



**Total Expenses for Reimbursement - $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**or Tax Receipt for Donation -** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Volunteer’s Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_