Mileage Claim Form



| Driver Name: | Month: |
|--------------|--------|
| Driver Name: | WIGHT: |

| Date | Client Name | Stops (list all) | Total Kms | Total hours | Client Signature: |
|------|-------------|------------------|-----------|-------------|-------------------|
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I hereby certify that the information contained in this form is true and correct and that all costs are directly related to my volunteering.

| Internal Only: | |
|----------------|--|
| Approved by: | |
| Date: | |
| Cheque Number: | |
| | |

| Driver Signature: _ | | |
|---------------------|------|--|
| Date: | | |

All claims must be submitted at the end of the month for reimbursement via email to kellyturbanruralrides@gmail.com or faxed to 506-576-2204 or mailed to Urban/Rural Rides, 83 Horsman St., Salisbury, NB, E4J 3M2

(Additional forms available for download on http://urbanruralrides.ca)