

Mileage Claim Form



Driver Name: _____

Month: _____

Date	Client Name	Stops (list all)	Total Kms	Total hours	Client Signature:

I hereby certify that the information contained in this form is true and correct and that all costs are directly related to my volunteering.

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 Rural Rides, 83 Horsman St., Salisbury, NB, E4J 3M2

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

Internal Only:

Approved by: _____

Date: _____

Cheque Number: _____