Mileage Claim Form

URBAN/RURAL RIDES
TRANSPORT URBAIN/RURAL

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.

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, 255 Chemin de la Cote, Grande-Digue, NB E4R 1W9

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