

## 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: \_\_\_\_\_

**Internal Only:**

Approved by: \_\_\_\_\_

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

Cheque Number: \_\_\_\_\_

**All claims must be submitted at the end of the month for reimbursement via email to [r.r.ruralrides@gmail.com](mailto:r.r.ruralrides@gmail.com) or faxed to 506-215-2101 or mailed to Rural Rides, 83 Horsman St., Salisbury, NB, E4J 2H3**

(Additional forms available for download on <http://watranspo.org>)