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.

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 r.r.ruralrides@gmail.com or faxed to 506-215-2100 or mailed to Rural Rides, 83 Horsman St., Salisbury, NB, E4J 2H3

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