Edmonton meals on wheels
feeding body and soul

Mileage Claim Form
11111 103 Avenue, Edmonton, AB T5K 2P1
Telephone: 780-429-2020

Volunteer Name: _____ Telephone: _____

Address: _____ Postal Code: _____

Claim Mileage while delivering meals ONLY.
We do not pay mileage from your residence to the depot.

Date Worked	Rte # Delivered	Start Odometer	End Odometer	Kms Claimed	Audit Check

ALL TAXABLE DONATION RECEIPTS ARE SENT OUT AT THE END OF THE CALENDAR YEAR

TOTAL KMS CLAIMED

I, _____, Volunteer Driver, wish this mileage to bo paid, with the following
(Volunteer Signature)
instructions:- _____ A Taxable Donation Receipt to be issued in my name or
_____ A Cheque to be issued in my name Dated: _____

Approved By:	Approval Date:	Receipt Amount	Receipt Issued	Receipt Dated

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