



**Volunteer Mileage Claim Form**  
**Vegreville Meals On Wheels**  
 c/o Vegreville and District  
 Family & Community Support Services  
 4829-50 St. Vegreville AB T9C 1R7  
 Phone: 780-632-3966

**Volunteer Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Claim Mileage while delivering meals ONLY.**  
**We do not count mileage from your residence to the hospital kitchen.**

<b>Date meals were delivered</b>	<b>Start Odometer at hospital</b>	<b>End Odometer at hospital</b>	<b>Kms. claimed</b>	<b>Audit check</b>

**Total Kms. claimed**

**ALL CHARITABLE DONATION RECEIPTS**  
**ARE SENT OUT IN JANUARY**

<b>Approved by:</b>	<b>Approval date:</b>	<b>Receipt Amt:</b>	<b>Receipt #:</b>	<b>Receipt date:</b>