CMHA, MPS Volunteer Time, Mileage & Expense Sheet

Volunteer _____ for the Month of _____ 20_____ Page ____ of _____

Step 1: Fill in name, month and year
Step 2: Complete record of assignments, mileage and expenses. Indicate name of assignment supervisor
Step 3: Sign and return form to nearest office (fax, e-mail, regular mail or hand deliver)

Date	Hours	# of KM	Summary of Assignment Include To and From for Mileage	Name of Assignment Supervisor	Expenses Description and Amount (Attach Receipts)		
					Date	Purpose	Total Cost
	TOTAL	TOTAL				DANIC	TOTAL

DISCLAIMER: In consideration of payment of this mileage claim, I acknowledge that I am a current licensed driver, I have at least 1 million dollars liability Insurance on my vehicle and my vehicle is in good working order.

Volunteer Signature _____ **Date** _____ **Program Coordinator Signature** _____ **Date** _____