



## NORTH SHORE MEALS ON WHEELS: Volunteer Driver Reimbursement Form

*Please complete ALL sections of this form that apply to you. See reverse for detailed instructions.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>X Your Volunteer Position</b>
____ NSMOW Route Driver

	DATE DELIVERED	ROUTE	DISTANCE DRIVEN	NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
			<b>TOTAL KM:</b>	

<p><b>MAKING A DONATION:</b> If you wish, you can donate all or part of your expense reimbursement to support seniors who depend on the Health and Home Care Society of BC's charitable programming.</p> <p><input type="checkbox"/> I wish to donate all or part of my expense reimbursement to the following program:</p> <table> <tr> <td>Meals On Wheels</td> <td>Amount \$ _____</td> <td>OR Amount % _____</td> </tr> <tr> <td>Family Respite Centre (Vancouver)</td> <td>Amount \$ _____</td> <td>OR Amount % _____</td> </tr> </table> <p>Signature: _____ Date: _____</p> <p><b>Thank you!</b> Your generous donation will be recognized with a Tax Receipt (see reverse). <i>*The office will confirm all calculations; we will contact you if we notice any discrepancies.</i></p>	Meals On Wheels	Amount \$ _____	OR Amount % _____	Family Respite Centre (Vancouver)	Amount \$ _____	OR Amount % _____	<p><input type="checkbox"/> I do not wish to donate. Please send a cheque to the address above.</p> <p>Signature: _____ Date: _____</p> <p><b>Thank you</b> for your service to our program! Your time is greatly appreciated!</p>	<p><i>To be completed by office</i></p> <p><b>Grand total of _____ pages.</b></p> <p><b>Amount to Reimburse:</b> \$ _____</p> <p><b>Amount to Donate:</b></p> <p><input type="checkbox"/> MOW \$ _____ <input type="checkbox"/> FRC \$ _____</p>
Meals On Wheels	Amount \$ _____	OR Amount % _____						
Family Respite Centre (Vancouver)	Amount \$ _____	OR Amount % _____						

Volunteers who deliver in Vancouver or Richmond are asked to fill in the "Vancouver & Richmond Meals on Wheels Volunteer Driver Reimbursement Form" instead.

## **INSTRUCTIONS: Meals on Wheels Volunteer Driver Reimbursement Form**

√ Remember to **mark your volunteer position** in the box in the top right corner.

**Route** = (ex. West Vancouver = NW01-05; North Vancouver= NV01-09)

**Donation or Reimbursement is calculated by distance driven at \$ 0.59 per km - for Route Drivers and Kitchen Couriers Only**

- **Kitchen Meal Couriers**- please calculate the distance from Kitchen to Church Depot.
- **Route Drivers**- please calculate the distance from Church Depot to the end of your delivery route.
- ***Kitchen volunteers are not reimbursed for driving from their home to the kitchen.***

### **IMPORTANT NOTE:**

- Please make your claims regularly (at least every three months)
- Remember to begin a new claim form as of January 1.
- Reimbursement receipts for the current tax year must be received in our office **before January 15**. Tax receipts will be issued for the current year's donations only if claim forms are received by this date. *For example, you must submit all your 2022 forms by Jan. 15, 2023 to receive your tax receipt.*
- Tax receipts will be mailed in February.

***Thank you for your generous donation of time. You have helped make your community a better place!***