



Health & Home
CARE
Society of BC

VANCOUVER & RICHMOND MEALS ON WHEELS: Volunteer 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 Number: _____

X Your Volunteer Position
<input type="checkbox"/> Route Driver
<input type="checkbox"/> Kitchen Meal Courier
With:
<input type="checkbox"/> Western MOW
<input type="checkbox"/> Chinese MOW

	DATE DELIVERED	NAME OF ROUTE or DEPOT	Route Drivers fill in (B); Kitchen Couriers fill in (C)		OTHER / NOTES
			(B) NUMBER OF ROUTES <i>(i.e. 1 route = 1-14stops)</i>	(C) KM's per RETURN TRIP	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
			TOTAL routes:	TOTAL KM:	

<p>MAKING A DONATION: 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> <p>Meals On Wheels Amount \$ _____ OR Amount % _____</p> <p>Family Respite Centre Amount \$ _____ OR Amount % _____</p> <p>Signature: _____ Date: _____</p> <p>Thank you! 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>	<p><input type="checkbox"/> I do not wish to donate. Please send a cheque to the address above.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Thank you for your service to our program! Your time is greatly appreciated!</p>	<p><i>To be completed by office</i></p> <p>Grand total of _____ pages.</p> <p>Amount to Reimburse: \$ _____</p> <p>Amount to Donate:</p> <p><input type="checkbox"/> MOW \$ _____</p> <p><input type="checkbox"/> FRC \$ _____</p>
--	---	---

Volunteers who deliver on the North Shore are asked to fill in the "North Shore Meals on Wheels Volunteer Driver Reimbursement Form" instead.

Please return to: Health and Home Care Society of BC 204 – 3077 Granville Street, Vancouver, BC, V6H 3J9 TEL. (604) 732-7638 FAX. (604) 733-6698

INSTRUCTIONS: Meals on Wheels Volunteer Reimbursement Form

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

(A) Depot or Route = (ex. Cedar Cottage, Burrard, Dunbar, Chinese Richmond – also known as CC, BU, DU, XR, etc.)

(B) Number of routes - For Route Drivers only

1 route = 1 to 14 vehicle stops (not number of clients*)

2 routes = 15 & more vehicle stops (not number of clients*)

or over 10km (from depot to clients and back to the depot)

*-multiple clients in the same building count as *one* stop.

- **Donation or reimbursement is calculated at \$5.90 per route**

(C) KMs - For Meal Couriers only

Distance from kitchen to depot(s) and back to the kitchen.

Note: Do not calculate from your home to the kitchen or the depot

- **Donation or reimbursement is calculated at 59 cents per km**

*** Please only fill in Section (B) OR Section (C) for the appropriate volunteer position unless you are both Route Driver AND Kitchen Meal Courier for that date.**

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 31**. 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. 31, 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!