



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

Route Driver 送餐司機

Kitchen Meal Courier
廚房司機

With:

Western MOW 西餐

Chinese MOW 中餐

	DATE DELIVERED 送餐日期	NAME OF ROUTE or (A) DEPOT 路線名稱	Route Drivers fill in (B); Kitchen Couriers fill in (C)		OTHER / NOTES 其他 / 備註
			(B) NUMBER OF ROUTES (i.e. 1 route = 1-14stops) 路線數目	(C) KM's per RETURN TRIP 公里數	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
			TOTAL routes 總數:	TOTAL KM: 總公里數:	

MAKING A DONATION: 如果你願意，可將全部或部分費用捐贈給卑詩護理會支持長者
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.

I wish to donate all or part of my expense reimbursement to the following program:

Meals On Wheels	Amount \$ _____	OR Amount % _____
Family Respite Centre	Amount \$ _____	OR Amount % _____

Signature: _____ Date: _____

Thank you! Your generous donation will be recognized with a Tax Receipt (see reverse).

**The office will confirm all calculations; we will contact you if we notice any discrepancies.*

本人不願意捐贈，請寄支票到以上地址。

I do not wish to donate. Please send a cheque to the address above.

Signature: _____

Date: _____

Thank you for your service to our program!

Your time is greatly appreciated!

To be completed by office

Grand total of _____ pages.

Amount to Reimburse:

\$ _____

Amount to Donate:

MOW \$ _____

FRC \$ _____

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.)
Route or 路線 = XA01 – XK02 或者 ZA01 – ZE02

(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

路線數目 – 僅限於送餐司機

一條線路 = 1 到 14 個站 (非客戶數目)

二條線路 = 15 個站或以上 (非客戶數目)

或者線路超過 10 公里 (從廚房往返)

如果一棟建築物內有幾個客戶, 視為一個站

捐贈或者報銷以每條線 \$5.90 計算

(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

公里 – 僅限於廚房司機

從廚房往返的距離

請不要包括由你的住所到廚房的距離

捐贈或者報銷以每公里 \$0.59 計算

Fill in Section (B) **OR** (C) for the appropriate volunteer position (*unless you were the Route Driver AND Kitchen Meal Courier that day*).

請根據你義工的職位填寫 **B** 或者 **C**。如果你符合兩項, 請填寫 **B** 和 **C**。

IMPORTANT NOTE:

- Please make your claims regularly (at least every three months) 請定期申報 (最少每三個月一次)
- Remember to begin a new claim form as of January 1. 每年的 1 月 1 日起開始新的報銷表格
- If you choose to donate your reimbursements, we must receive your form **before January 31st** (to apply to the previous tax year); tax receipts will be mailed in February.
 - 如果您需要退稅收據, 您必須與每年的 1 月 31 日之前提交你去年的表格。退稅收據將於每年二月份寄出。

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

感謝你將寶貴的時間, 幫助社區上有需要的人, 使他們生活得更美好!