



Health & Home  
**CARE**  
Society of BC

# 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: \_\_\_\_\_

<b>X Your Volunteer Position</b>
<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					
			<b>TOTAL routes:</b>	<b>TOTAL KM:</b>	

**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.

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.*

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 \$ \_\_\_\_\_

# 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 \$5.50 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 55 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.
- Tax receipts will be mailed in February.

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