



Special Olympics
Ontario

SPECIAL OLYMPICS ONTARIO
65 Overlea Boulevard, Suite 200
Toronto, ON M4H 1P1

For The Month Of: _____
One month per claim.

Statement No.: _____
Do not write in this space.

VOLUNTEER EXPENSE CLAIM

Employee or Volunteer Information

Name _____
Address _____
City _____
Postal Code _____

I am a (circle one)

SOO Volunteer

Position: Volunteer

Submit This Report To:

Region/Community/Club or Affiliate Name:

Date M/D/Y	Receipt #	Person and or Location to and from	Activity, Purpose or Event	# of kms.	Rate per Kilometer (0.50)	Mileage Amount (Rate x # of Kms.)	Transport (parking, plane, bus, train, etc.)	Meals and Accom.	Supplies	Phone	TOTAL	
	1				0.50							
	2				0.50							
	3				0.50							
	4				0.50							
	5				0.50							
	6				0.50							
	7				0.50							
	8				0.50							
	9				0.50							
	10				0.50							
THIS PAGE TOTALS			this month mileage	0							TOTAL	
											HST	

To calculate GST rebate multiply each column claim total by 5, divide by 105 and then divide by two.

Claimant's Signature

I certify that the claims contained herein are true:

Date Completed

Approved By (SOO Provincial Signing Officer)

Finance Department Use Only

Batch # _____ Vendor # _____ Extension Checked By _____