



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

First Name _____
Street Number _____
City _____
Area Code _____

I am a (circle one) **SOO Volunteer**
Position: Volunteer _____
Submit This Report To: _____
Region/Community/Club or Affiliate Name: _____ 11

Date MD/Y	Receipt #	Person and or Location to and from	Activity, Purpose or Event	# of kms.	Rate per Kilometer (0.30)	Mileage Amount (Rate x # of Kms.)	Transport (parking, plane, bus, train, etc.)	Meals and Accom.	Supplies	Phone	TOTAL	
	1				0.50	0.00					0.00	
	2				0.50	0.00					0.00	
	3				0.50	0.00					0.00	
	4				0.50	0.00					0.00	
	5				0.50	0.00					0.00	
	6				0.50	0.00					0.00	
	7				0.50	0.00					0.00	
	8				0.50	0.00					0.00	
					0.50	0.00					0.00	
THIS PAGE TOTALS				this month mileage	0	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL
				Accumm.fr.prev. month		0.00	0.00	0.00	0.00	0.00	0.00	HST
				New total mileage YTD								

Claimant's Signature _____
I certify that the claims contained herein are true:

Date Completed _____

Approved By (O.S.O. Provincial Signing Officer) _____

Finance Department Use Only
Batch # _____ Vendor # _____ Extension Checked By _____

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