



**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						
<b>THIS PAGE TOTALS</b>				<b>this month mileage</b>	<b>0</b>						<b>TOTAL</b>
											<b>HST</b>

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 \_\_\_\_\_

7301 7301 7312 7332 7342