



Association for Workplace Tragedy Family Support

## VOLUNTEER EXPENSE REPORT

Please print clearly (or type) and ensure that all details requested have been provided. Submit your completed expense report by sending your signed report, along with all original receipts for meals, parking, accommodation, or other approved expenses. Expenses submitted for reimbursement must be in accordance with Threads of Life policy PA-02: Travel and Reimbursement.

*We are a grant-funded organization and expenses are required to be received by Threads of Life within 30 days of an event, otherwise we may not be able to reimburse.*

Name of Activity: \_\_\_\_\_

Activity Start Date: \_\_\_\_\_ Activity End Date: \_\_\_\_\_

Please forward reimbursement cheque to: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number (with area code) or email address where volunteer can be reached: \_\_\_\_\_

### EXPENSE DETAILS

Please provide all applicable details requested below. **Original receipts are required for all expenses except mileage and incidentals (where applicable).**

Expense Type	Description and details	Costs
<i>Travel:</i>	Driving personal vehicle from: _____ to: _____ from: _____ to: _____ Total mileage (in kilometres): _____ km x _____ / km	
	Taxi / Shuttle: _____	
	Parking: _____	
	Other (explain): _____	
<i>Meals:</i>	Breakfast(s): _____ \$12 daily max. When travelling, the maximum daily meal allowance is \$50. Maximum amounts include gratuity. <i>Threads of Life does not cover the cost of alcoholic beverages.</i> Luncheon(s): _____ \$14 daily max. Dinner(s): _____ \$24 daily max.	
<i>Incidentals:</i>	Number of nights away on Threads of Life business: _____ at _____ / night	
<i>Other expenses:</i> <b><u>(must be pre-approved)</u></b>	1. _____ Details and reason(s): 2. _____ 3. _____	
<b>TOTAL EXPENSES</b>		

### ACKNOWLEDGEMENT:

*Expenses, as detailed above, were incurred by the undersigned in the performance of Threads of Life business.*

**VOLUNTEER'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date posted: \_\_\_\_\_

Please send your completed form, with all original receipts to:  
 Threads of Life, P.O. Box 9066, 1795 Ernest Ave., London, ON, N6E 2V0