

Great Community Transport Inc. Section 2 Team Management

Document 2.04-1-13 Volunteer Claim Form for CARER COMPANION

| | nt Name:nt Address: | | | | | ior the Mon | th Of: | 20 |
|---|----------------------------|--------------------|------------------|-----------------|-------------|--------------|---------------|-------|
| Date | Reason for Reimbursement | Time Started | Time Finished | Hrs Worked | Lunch \$ | Klm | Fares \$ | Total |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Meal (Max \$12) only to be claimed 5hrs Worked – receipt must be pro- | | | st be provided | | | | | |
| | Please attach all claim re | eceipts to this fo | orm before su | bmitting to you | r Coordina | tor for proc | essing, thank | you |
| Claimant Signature: | | Date | _ Checked By: | Date: | | | | |

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