Great Community Transport Inc.
Section 2 Team Management
Document 2.04-1-7 ***Volunteer Claim Form for OFFICE TEAM***

Claimant Name: _____ Reimbursement for the Month Of: _____20__

Claimant Address: _____

Date	Reason for Reimbursement	Time Started	Time Finished	Hrs Worked	Klm	Fares $	Total $

Please attach all claim receipts to this form before submitting to your Coordinator for processing, thank you

Claimant Signature: _____ Date: _____ Checked By: _____ Date: _____

VERSION: V2				Date Approved 12/06/2014	
Date Document due for review 06/2015	Date Document Reviewed:	Amendments	Positions informed/trained in amendments	Method	Date