Lanark County Community Justice

Building Stronger Relationships Through Restorative Practices

Board Member Mileage Expense Form

Name: _____ Signature:_____
(please print) **(required for payment)**

Time Period Covered: _____

Date Claim Submitted: _____

Description of Expense	# kms	Rate	Receipt Attached?	Expense Claimed
Mileage		X $0.40/km	N/A	
Meals				
Other				
Total Expenses				
Total Volunteer Hours during this period				

OFFICE USE ONLY

TOTAL AMOUNT OWING_____ Paid by Cheque #_____

Date Paid _____Signature:_____
Executive Director

Form Updated October 2017