Parkinson Society Canada
Société Parkinson Canada

Revised: January 5, 2015

PERSONAL EXPENSE REPORT- SuperWalk Volunteers

Name _____ **Date:** _____

Address: _____ **Department:** SuperWalk Volunteer
_____ **Phone:** _____
_____

☑ **Volunteer** ☐ **Staff**

Receipt #	Date mm/dd/yy	Description/ From - To	Km 7310 (Staff) 7410 (Volunteer) GST/HST must be separated	(Km x $0.42)	Parking 7370 (Staff) 7480 (Vol)	Hotel/Meals 7340 (Staff) 7430 (Vol)	Air/Bus 7320 (Staff) 7420 (Vol)	Misc.	GST/HST	Total
				-						-
				-						-
				-						-
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				-						-
		SUB-TOTAL		$ -	$ -	$ -	$ -	$ -	$ -	$ -

PLEASE INCLUDE ALL ORIGINAL RECEIPTS (Photocopies not accepted)

Total Refundable Expense $ -

Please forward expense sheet and receipts to:

Stella Recchiuti, Office Manager
Parkinson Society Central & Northern Ontario
4211 Yonge St., Suite 321
Toronto, Ontario M2P 2A9

Office: 416-227-1200 ext 3301 or 1 800 565 3000 ext. 3301
Fax: 416-227-1520
Email: stella.recchiuti@parkinson.ca

Employee/Volunteer Signature_____

Approved By:_____

Date:_____

If you wish to donate this amount to PSC and receive a Tax receipt instead of a reimbursement, please fill in the box below:

I _____ **direct that the funds to which I am entitled by way of reimbursement for** _$_____, **and would otherwise be forwarded to me by cash or cheque, be transferred to Parkinson Society Canada as my gift.**

_____
Signature