

Car Allowance Form

			Form #: FIN-CAR02					
	Volunteer Name	e (please print)	Position					
			Volunteer					
Volunteer Home Address and Postal Code			Program					
			WRHA Volunteer Services/Community Development					
Volunteer Signature			Date		Phone #			
Data	Date Trip From - To		Total Trip Phone		Parking Meter			
Date			Km	i iioiie	Amount	Υ	N	
		Total	-	\$ -	\$ -			
Km Rate	\$ 0.346	Total Km \$	\$ -					
Authorization required in accordance with approved WRHA authorization levels Authorized By (please print)			·	Total Claim	\$		-	
				CODING				
			Facility	Functional Centre	Expense Code Amount			
			. comity	802-1-715303010	Mileage 62410	7	,	
Karen-Denise Cyr, Manager Volunteer Services				002-1-7 10000010	willcage 02410			
	Date				Parking 62414			
					Bus Tickets 62411			
	Authorized S	ignature			Dus Tickets 62411			

Special Instructions

ATTACH ORIGINAL DOCUMENTATION / RECEIPTS AND FORWARD TO: Winnipeg Regional Health Authority Volunteer Services MS208-820 Sherbrook Street. Winnipeg, MB R3A 1R9 or Fax 204-787-7316