



- All volunteer and staff expenses must comply with the new expense policy approved by Council in June 2014. A Copy of this policy may be obtained by contacting your committee advisor.
 - Completed Expense Forms along with the receipts must be submitted to volunteerepenses@peo.on.ca.
 - Volunteers whose expenses are denied may appeal to the Volunteer Expense Appeal Subcommittee by sending an email to: VolunteerExpenseAppeals@peo.on.ca.

101-40 Sheppard Avenue West, Toronto, Ontario M2N 6K9

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Volunteer Expense Report (Please also fill in the details on the reverse side)

Name: _____ Address: _____

Essential Purpose/Meeting Attended: _____ Meeting Location: **PEO Offices**

Item	Date	Date	Date	Date	Resource	EP/Cost Obj/Activity										Total Amount	HST (For Financial Services Use Only)	
1. Mileage (KM)					For Staff Use Only											kilometers		
KM Allowance \$0.55					4	4	1	0	0									
2. Accommodation					4	4	1	0	1									
3. Meals (enroute/spouse)					4	4	1	0	2									
4. Air Fare/ Rail Fare					4	4	1	0	3									
5. Bus/Car Rental/Taxi					4	4	1	0	4									
6. Parking					4	4	1	0	5									
7.																		
8.																		
9.																		
10. HST Recoverable					2	4	2	9	0	0	0	0	0	0	0			
Total Expenses (\$)																		
Less Advances	Receipts for Hotel, Meals, Transportation, etc, must be attached																	
Net Expenses																		

Date Submitted: _____ Signature: _____ Approved by: _____ Date Approved: _____

For PEO Financial Services Use Only:

Due Date

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 (M/D/Y) Terms Code

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 Reference#

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Vendor #

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 Voucher #

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Batch#

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 Bank Code

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Checked by: _____ Approved by: _____ Entered by: _____ Date of Entry: _____

COLOUR SCHEME:		Cell excluded in summation value
		Calculated field

[The personal information on this form is protected by PEO's Privacy Policy. The immediate purpose for collecting this information is primarily to reimburse volunteers for their expenses. For more information, see PEO's Privacy Policy at \[www.peo.on.ca\]\(http://www.peo.on.ca\) or contact PEO's Privacy Office at \(416\) 224-1100.](#)

Expense Details

Transport

Date	From	To	Mode of Transport	Purpose

Meals/Beverage

Date	Attendees	Location	Purpose

Other

Date	Item	Purpose

COLOUR SCHEME:		Cell excluded in summation value
		Calculated field