

VOLUNTEER – Hours & Kilometre Claim Form

To be emailed, faxed or mailed to PQSA by the first Friday of the next month.
annel@pqsa.asn.au
 Fax: 8355 3511
 PO Box 396, Marden SA 5070

Name: _____

Day	Date	From	To	Total Km's per Trip	Other Expenses (attach receipts)	Hours Volunteered	Client Name	Type of Work (Dog Walking; Gardening; Home Visiting etc)
Total							Office Use Only	

Volunteer Signature: _____ Date Sent: ____/____/____

Authorised: _____