

# Hospice Orillia

## Volunteer Expense Reimbursement Form

please complete the attached form, include a copy of receipts, and submit to Hospice Orillia staff



Volunteer Name  Date

### Itemized Expenses

DATE	DESCRIPTION	COST

TOTAL

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North Simcoe Muskoka Hospice Palliative Care Network/Hospice Orillia is transitioning to direct deposit for all payments. To prevent disruption in payment, please complete and return this form at your earliest convenience. Confirmation emails of the deposit will be sent to the email address you include below.

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### PERSONAL INFORMATION

Individual/Company name to whom payment will be made	
Street Address	
City	
Postal Code	
Phone number	
Email Contact	

Please return as soon as possible to

[amyfrost@nsmhpcn.ca](mailto:amyfrost@nsmhpcn.ca)

Fax: 705-325-0505

Mail: 169 Front St South, Orillia, ON L3V 4S8

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