



**Ten Yad Of Ottawa**  
1363 Woodroffe Ave, Unit B  
Box 33005  
Ottawa, Ontario K2C 3Y9

## REQUEST FOR REIMBURSEMENT OF DELIVERY COSTS

*Please carefully read the instructions on page 2 prior to completing this form.*

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
\_\_\_\_\_

3. E-mail Address \_\_\_\_\_

4. Driving Event \_\_\_\_\_

5. Driving Date \_\_\_\_\_

6. Number of deliveries \_\_\_\_\_

7. Beginning Kilometre reading on odometer \_\_\_\_\_

8. Ending Kilometre reading on odometer \_\_\_\_\_

9. Total Kilometres Driven \_\_\_\_\_ X \$0.60 = \$ \_\_\_\_\_

Reimbursement Amount

10. Date \_\_\_\_\_

11. Signature \_\_\_\_\_

12. 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 Ten Yad as my gift.

***Instructions for completing the Request for Reimbursement for Deliver Costs form***

1. Insert your name. This name will appear on the cheque or donation receipt.
2. Insert your address. The cheque or charitable tax receipt will be sent to this address.
3. Insert your e-mail address to have your Donation Receipt e-mailed to you.
4. Insert why the delivery cost was incurred (e.g. delivering meals, Purim Packages).
5. Insert the date that the delivery cost was incurred.
6. Please record the number of deliveries made.
7. Please record the Kilometres on your car before you begin your delivery(s).
8. Please record the Kilometres on your car at the end of your delivery(s).
9. Calculate the total kilometres driven by subtracting line 8 from line 7.  
Enter the total kilometres driven and multiply by the reimbursement per kilometre rate.  
This is your reimbursement amount.
10. Insert the date this form was completed.
11. Your Signature.

12. **FOR CHARITABLE DONATION RECEIPTS ONLY:** Complete this section only if you would like all or a portion of the expenses incurred transferred to Ten Yad as a gift. A charitable donation tax receipt will be issued for the amount inserted upon approval of the request for reimbursement. In the first blank, insert your full name. In the second blank, insert the dollar amount to be transferred to Ten Yad as a gift.

**Please scan the form and email to [info@tenyad.ca](mailto:info@tenyad.ca)** Put request for Reimbursement in subject line.

**OR**

Mail it to Ten Yad of Ottawa at:  
1363 Woodroffe Avenue, Unit B  
Box 33005  
Ottawa, Ontario K2C 3Y9