VOLUNTEER DRIVER LOG SHEET

Name:
Mailing Address: City:
Postal Code: Phone Number:
Email:

Indicate how SCCR can distribute funds:

☐ Mail cheque to above address ☐ Will pick up cheque ☐ Direct Deposit

Date	Client's Name	Client's Town	Destination	Total KM	Parking (Receipt)	Meal

Fill out and return to South Central Cancer Resource monthly.

Mailing Address: 400-34 Stephen St., Morden MB R6M 2G3 Email: sccrprograms@gmail.com
Fax:1-844-350-9343 Ph:204-822-9541 Website: www.sccr.mb.ca