People Who Care Volunteer Mileage Reimbursement Report Effective January 2025

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PLEASE PRINT**

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DATE | NEIGHBOR | DESTINATION | Round TripMileage |
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| Total Miles |  |
| Total miles | x 70.0 cents | $ |

**VOLUNTEERS: return this form to the Program Manager for your community.**

* Debbie for **Prescott/PV** office: debbie@peoplewhocareaz.com or deliver to PO Box 12079, Prescott, AZ 86304
* Lynn for **Chino Valley** office: cvpwc@peoplewhocareaz.com or hand deliver (no US mail) to CV office

735 E Road 1 South, CV (Chino Valley United Methodist Church)

* ***I AUTHORIZE PWC TO APPLY REIMBURSEMENT AS A PWC DONATION – SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Forms are due in the office no later than the 10th of the following month.**

**MANAGERS: send to Julie at** **julie@****peoplewhocareaz.com**

Approved for Reimbursement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Date payment issued\_\_\_\_\_\_\_\_\_\_\_

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| DATE | NEIGHBOR | DESTINATION | Round TripMileage |
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