People Who Care Volunteer Mileage Reimbursement Report 2024

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

**PLEASE PRINT**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | NEIGHBOR | DESTINATION | | Round Trip  Mileage |
|
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Total Miles | | | |  |
| Total miles | | | x 62.5 cents | $ |

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

* Debbie for **Prescott/PV** office: [debbie@](mailto:debbie@)peoplewhocareaz.com or deliver to PO Box 12079, Prescott, AZ 86304
* Lynn for **Chino Valley** office: [cvpwc@peoplewhocareaz.com](mailto: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@**](mailto:julie@)**peoplewhocareaz.com**

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

Forms > Volunteer Forms > Mileage Report Form rev 2024

Page \_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | NEIGHBOR | DESTINATION | | Round Trip  Mileage |
|
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Total Miles | | | |  |
| Total miles | | | x 62.5 cents | $ |

Forms > Volunteer Forms > Mileage Report Form rev 2024