

People Who Care

Volunteer Mileage Report 2017

Name _____

Report Month _____

PLEASE PRINT

Mailing address _____

DATE	NEIGHBOR	SPECIFIC DESTINATION (Dr, Clinic, Practice)	Round Trip Mileage
Total Miles			
Total miles		X 53.5 cents	\$

RETURN TO:

Main Office in Prescott, e-mail to juliepwc@cableone.net or mail to PO Box 12977, Prescott, AZ 86304.

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

Approved for Reimbursement _____ Date _____ Check # _____ Date Mailed _____