



"Creating a caring community for older adults in need."

Mileage Reimbursement Form

Mail to: 299 Van Deren, Ste. 2 Sedona, AZ 86336

Fax: 928-203-9503

Phone: 928-204-1238

Thanks for all that you do! Please note the following important information:

- All neighbors served and the corresponding service must be registered with the VVCC office.
- Please accrue at least 50 miles before requesting reimbursement.
- Volunteers are encouraged to submit forms reflecting no more than three months of activity.
- The rate of reimbursement is \$.65 per mile effective June 1, 2026
- Checks shall be issued once a month, after the end of the month of service..

Volunteer name, address, and phone number: _____

Date Month/Day	Neighbor First and last name	Service	*Time Hrs: Min	Mileage	Comments
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**Please round to quarter hour. For example 1:12 min becomes 1:15.*

TOTALS					THANK YOU FOR YOUR GREAT SERVICE! CALL US WITH FEEDBACK 928-204-1238