



Reimbursement Form

Name: _____

Address: _____

Phone #: _____

E-mail: _____

EXPENSES FOR: _____

Please attach receipts.

MILAGE: _____ MILES X \$0.30 = _____

DATE INCURRED: _____ TOTAL: _____



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REMIT TO:

*PWR Chairwoman Valerie Johnson
12457 SE Mountain Sun Lane
Clackamas, OR 97015*

Date Repaid: _____

Phone: 612-267-3017

E-mail: Valerie@pwrenewal.org

Check#: _____

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