



Mentor Program Reimbursement Request

Mentor's Name: _____

Address: _____

Email address: _____

Best Phone Number: _____

Best Time to Call or Text: _____

Preferred Form of Contact: text, phone call, email (circle one)

Name of Person Mentored:

Please list expenses, including mileage @ .655 per mile:

Total expense reimbursement requested: _____

We reimburse up to \$50 of meals, travel and other mentoring related expenses.

Please send this form and related expense receipts to:

Drury Sylvester
PO Box 2231
Prescott, Arizona 86302-2231
dmsylvester@aztaxpros.org
(928) 778-6610