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| Region 6C:\Users\R6Treasurer\Desktop\Région6_Logo_Color.png | R6 TreasurerPO Box 644Peabody, MA 01960Treasurer@OARegion6.org |
|  | **REPRESENTATIVE MILEAGE REIMBURSEMENT FORM**Form must be returned **within 30 days** of Assembly in order to receive reimbursement |
| **Name of Intergroup:**  |  |
| **Number of Attendees:** |  |
| Mileage is reimbursed via the following formula - **miles x $0.56** (cents per mile). Scan and attach all toll receipts.**PLEASE NOTE: ALL MILEAGE REIMBURSEMENT FUNDS ARE ISSUED TO THE INTERGROUP.** |
| **Miles Traveled (R6 reimburses forONE vehicle)** | **Tolls(if any)** | **Travel Origination City(including State or Province)** |
|  |  |  |
| **Claimant's Name:** |   | **Phone Number:** |
| **Address to which check should be mailed:** |   | **Email:** |
| Submit this completed form via email and attach scanned toll receipts via e-mail mail. Toll receipts must be attached in order to receive reimbursement. If EZ-Pass or If you choose to submit via postal service, this signed cover sheet must be accompanied by all receipts. Submissions received via postal service may take up to 6 weeks to receive reimbursement. |
| **I affirm that our Intergroup would be unable to send a representative to R6 Assembly unless reimbursed for mileage.** **Print Name (Intergroup Chair or Treasurer):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_**Signature (Intergroup Chair or Treasurer):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |