|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Region 6  C:\Users\R6Treasurer\Desktop\Région6_Logo_Color.png | | R6 Treasurer  PO Box 644  Peabody, MA 01960  Treasurer@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 for ONE 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):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |