Logo, company name

Description automatically generated

OA Region 6 Treasurer

PO Box 95

Lynbrook, NY 11563

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 $0.585 (cents per mile). Scan and attach all toll receipts. PLEASE NOTE: ALL MILEAGE REIMBURSEMENT FUNDS ARE ISSUED TO THE INTERGROUP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Miles Travele | d |  |  | |
| (R6 reimburses f  ONE vehicle) | or | 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_