



OA Region 6 Treasurer  
PO Box 95  
Lynbrook, NY 11563  
Treasurer@OARegion6.org

## REPRESENTATIVE MILEAGE REIMBURSEMENT FORM

**This 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 \$0.67 (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): \_\_\_\_\_