

OA Region 6 Treasurer

4 Essex Center Dr., #3974

Peabody, MA 01961

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 fONE 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_