

## AREA TRAVEL FUND [ATF] and Assembly Allowance Form

To request reimbursement for Area Travel Fund and/or Assembly Allowance, fill out this form obtained from the Area Treasurer. Figure out the mileage using the Oregon Travel Table and attach receipts for Assembly Allowance (attach an explanation if no receipt is available; this includes motel receipts, meals, etc.).

Member's Name: \_\_\_\_\_ Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If GR or DR: Group Name: \_\_\_\_\_ City: \_\_\_\_\_ GR or Alt: \_\_\_\_\_ Dist: \_\_\_\_\_

\* \* \* \* \*

**△ Mileage Reimbursement:** Group Reps. (GRs) and District Reps. (DRs) should ask their groups to pay for their travel expenses to assemblies. If the group cannot afford to fully support the GR or DR, the GR or DR may request mileage reimbursement from the Area Travel Fund. Anyone who does not attend the entire assembly is not eligible for reimbursement. [Note: one Reimbursement per car.]

### Figuring the Mileage Reimbursement:

No of people in my car: \_\_\_\_\_ Names/positions: \_\_\_\_\_

Miles from chart (One Way) \_\_\_\_\_ times 2 = \_\_\_\_\_ (Total Miles) times \_\_\_\_\_ cents = \$ \_\_\_\_\_

If traveling alone, move this amount to A. You are done.

**If not alone**, divide total miles \_\_\_\_\_ by # \_\_\_\_\_ in car which = \_\_\_\_\_; then multiply this figure by # \_\_\_\_\_ of AWSC in Car which = \_\_\_\_\_. Now multiply this by \_\_\_\_\_ cents and place in A.

**A. TOTAL MAXIMUM MILEAGE REIMBURSEMENT [ATF]:** \$ \_\_\_\_\_

### △ Assembly Allowance for AWSC Members Only [\$150.00 Maximum]:

**B. TOTAL ASSEMBLY ALLOWANCE REIMBURSEMENT:** \$ \_\_\_\_\_\*

\*To claim Assembly Allowance, please fill in form on back with your expenses and attach receipts. Thank you.

**GRAND TOTAL OF A and/or B:** \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid with check no.: _____ Date paid: _____
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**Breakdown of Assembly/AWSC Allowance  
Lodging/Meal Expenses  
[TAKE TOTAL TO "B" ON FRONT]**

Lodging: \_\_\_\_\_ Dates: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

No. of People in your Room: \_\_\_\_\_ Names/Positions: \_\_\_\_\_

Amount requested for Reim. of Lodging (Total ÷ by no. in room) Amount: \$ \_\_\_\_\_

Friday Meals: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Saturday Meals: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Sunday Meals: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Total Lodging/Meal Expense** Amount: \$ \_\_\_\_\_

**Important:** Please attach your hotel and meal receipts to this reimbursement form.