

INTERNATIONALLY FUNDED VISIT TO CHARTERED CHAPTER

(Send original to international headquarters. Keep a copy for regional files)

Chapter Name _____

Region # _____ Date of Visit _____

Director's Name _____ President's Name _____

Ground Transportation From _____ To _____

Total Miles _____ Total Kilometers _____

Current mileage reimbursement rate is \$.485/mile. Kilometers will be converted to miles.

Tolls/parking U.S. currency \$ _____ Other currency \$ _____

Total to be reimbursed (mileage + tolls/parking) = _____

Air Transportation Via World Travel (prepaid) or Other travel agency at a cost of \$ _____

This visit was made by _____

CHECK TO BE MAILED TO:

Name _____

Title _____

Address _____

Visit Approved by _____ Date _____

Education Coordinator Membership Coordinator

Reimbursement Approved by _____ Date _____

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