

NEYM Committee Travel Fund

The intention of this fund is to enable those who might not feel free to serve on a committee because of personal financial constraints, to do so, without guilt or burden. However, it is the general expectation that most committee members will pay their own travel expense. The reimbursement policy (PB minute 06-63) reads: "Finance Committee recommends that all Friends who are reimbursed for mileage receive up to the IRS rate for business miles driven effective August 1, 2006. It is expected that Friends who find the current rate sufficient will not ask for more." The current mileage rate is available at www.neym.org/committees or by contacting the office. We do *not* pay for travel to the annual YM Sessions in order to attend a committees organizational meeting.

For Contributions

The fund is part of the YM budget but also accepts contributions from individuals and from meetings. Make checks out to New England Yearly Meeting and indicate "Committee Travel Fund" in the memo. Send to: NEYM Treasurer, 901 Pleasant St, Worcester, MA 01602

For Distributions

The Communications Director authorizes reimbursements for travel expenses. *All requests for reimbursement must be accompanied by receipts and submitted within 3 months.* If you traveled to more than one meeting, please fill out a separate form for each meeting. Expect to wait two to four weeks for reimbursement. Complete the form below and send to: the Communications Director/Office Manager, 901 Pleasant Street, Worcester, MA 01602

Request for Committee Travel Fund Assistance (attach receipts)

Committee(s) attended: _____

Date & place of meeting: _____

Cost of public transportation: \$ _____ Attach Receipts!

AND/OR the mileage driven: _____ times requested rate: _____ plus tolls _____

Total Requested: \$ _____ Attach Receipts!

Your name: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

For bookkeeping use only, please.

Authorizing signature & date: _____

Communications Director/Office Manager

received date _____ approved for payment _____ account # **5755**

check date _____ check # _____ check amount _____