



Travel Reimbursement Request

To be reimbursed for your travel expenses, please complete the fillable form below and email it by Friday, May 10th, to Connie Kristof at contact@preventionactionalliance.org.

Notification of a pending reward will be sent to the email address you provide. In order to receive travel assistance, you must meet the following criteria:

1. Attend the We Are The Majority Rally on Tuesday, April 30th.
2. Submit this travel reimbursement request by Friday, May 10th.
3. Submit a completed W-9 with this request (even if the reimbursement is directly to you).
4. Expenses must not be reimbursed by any other source.
5. **If you rented a van or bus**, you must also submit the rental agreement, quote, invoice or receipt.

Reimbursements will be awarded as follows:

1. Limited funding is available. Travel stipends will be awarded on a first come, first served basis. Submitting the travel reimbursement request does not guarantee reimbursement.
2. Mileage will be reimbursed if you attach a map that shows the route you traveled and the miles driven and if that mileage is not included in a rental agreement that we reimburse. Mileage will be paid at \$0.52 per mile driven to attend the rally.
3. Van or bus rental costs will be reimbursed if you submit the rental agreement, invoice, or receipt. You may submit a quote to get notified of a pending award, but you will be asked to submit the invoice by Friday, May 10th.
4. Requests will only be processed once all documentation is submitted.

Organization: _____

Contact Name: _____

Contact Email Address: _____

Make Check Payable to: _____

Mail Check to: _____

Miles Traveled (if requesting reimbursement): _____

Mileage Reimbursement: _____

Did you rent a van or bus? _____

To receive mileage reimbursement, you must include a map showing the route and distance traveled. To receive reimbursement for a van or bus rental, you must include the rental agreement or quote and an invoice or receipt. Upon completion, please email this form and all supporting documentation to contact@preventionactionalliance.org.

By submitting this form, I attest that the above information is correct. Furthermore, none of my expenses will be reimbursed by another source. I understand that falsifying information on this form will jeopardize all rights to reimbursement for this event and may impact eligibility for future events.

Additional financial aid may be available for those who qualify. Please contact Harim C. Ellis, hellis@preventionactionalliance.org for additional information.

For Prevention Action Alliance Use Only:

Total Check Amount: _____