Please list your name even if not collecting mileage for attendance purposes

TRAVEL EXPENSE **AND** ATTENDANCE RECORD

INSTRUCTIONS:

Do not write in Column A.

Column **C:** **G**ive complete address. PLEASE PRINT (INCLUDE ZIP CODE)

Column **D**: Round Trip (RT) miles are required.

Column **E**: Number of persons traveling in one car.

Per mile rate: 1 person = $.14; 2 persons = $.17; 3 or more persons = $.20

Return to AWFC, 4719 Woodmere Blvd, Montgomery, AL 36106

Meeting Name: _____

Date: _____ Location: _____

A	B	C	D	E
	Name	**Address (City/State/Zip)**	**RT Miles**	**Number**