Area 78 Travel Assistance Application

Date:		
Applicant's full name		
Applicant's Position (check one) DCM A	 lt. DCM	GSR Alt
Applicant's District Number and Location		
Home Group Name		
Home Group Locationaddress:	 _ Applicant'	s email
Applicant's Mailing Address & Postal Code		
Applicant's Phone # and Area Code:		
When was the last Area Committee Meeting which a GSR/DCM from your District attend	_	sembly at
Note: Please print clearly or download the Wor send it via email to <u>treasurer@area78.org</u>	d Document,	, fill it in and
Applying for what event? Please select one:		
January ACM March Assembly May Assembly	y ACM S	September
→ Reminder – you must be a voting me apply for travel assistance (See guidelines on page 36)	ember at thi	is event to
Is this the 1 st time your District has applied to No	for Assistan	ce? Yes
If no, when did your district apply?		
(month)	(day) (y	rear)

Please provide the following budget details. (Fill in only those items that apply to your situation) Please note that even though we've asked for these items on the budget, it's expected that every GSR/DCM will research the most cost-effective way of traveling, including billeting, carpooling, etc. If there is other information you think we need to know, please attach it to this application form

Travel Costs (gas, airtare, bus		
ticket)	 	.\$
Food		
Accommodation		
Other costs		-
TOTAL COST (Add all the above)		
District/Group Contribution to att		ubtract from
Assistance Requested	\$ 	

- → Send this completed form to: <u>treasurer@area78.org</u>
- → All applications will be acknowledged
- → Receipts must be submitted to receive reimbursement

If you have not received an acknowledgement in a few days, please contact the Area 78 Treasurer