

Auto Transportation Reimbursement Form

PRINT OR TYPE CLEARLY

I, _____, drove from _____ on
(print your name) (originating city AND state)

_____ to _____.
(date(s) of travel: month, day and year) (destination city AND state)

The total mileage for my travel was _____ miles.

My check should be sent to the address below. (Please allow for up to four weeks for your check to arrive.)

(street address)

(street address)

_____ (city, state) _____ (zip)

Signature Date

Please send completed form to the address below:

Karen Catone/Javiera Ihrig
Freedom Forum Diversity Institute
555 Pennsylvania Ave., NW
Washington, DC 20001
(202) 292-6275 FAX