

**FY 2011-2012 INTERNATIONALLY FUNDED VISIT
TO CHARTERED CHAPTER PROGRAM**

(Send original to International Headquarters. Keep a copy for Regional files.)

Chapter Name:

Region #:

Date of Visit:

Director's Name:

President's Name:

This visit was made by:

Ground Transportation From:

To:

Total Miles:

Total Kilometers:

(Current mileage reimbursement rate is \$.555/mile. Kilometers will be converted to miles.)

Tolls:

Parking:

Total US \$:

Other Currency:

Air Transportation via World Travel (prepaid):

\$

Or

Other Travel Agency:

\$

Total Mileage + Tolls + Parking + Airfare:

US \$:

Other Currency:

MAKE CHECK PAYABLE TO AND MAIL TO:

Name of Region: _____

Finance Coordinator Name: _____

Address: _____

Visit approved by:

_____ Date: _____
Education Coordinator Membership Coordinator

Reimbursement approved by:

_____ Date: _____

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