*American Legion Auxiliary Department of Texas*
*P.O. Box 140407 / Austin / Texas / 78714-0407*
*Phone: (512) 476-7278 / Fax: (512) 482-8391*
*secretary@alatexas.org*
*officemanager@alatexas.org*

In accordance with audit and regulatory guidelines under which the IRS defines a mileage reimbursement as an allotment to offset "the cost of operating an automobile for business, charitable expenses", the Department of Texas American Legion Auxiliary will offer a mileage reimbursement to members who meet the following guidelines:

➢ Member must be "called into" Department Convention, Department Executive Committee, Midwinter meetings, or other events as directed by the Department President;

➢ Member must be the owner and/or driver (or documented renter) of the vehicle in which she travelled to said event.

➢ Only the vehicle owner or his/her representative will receive reimbursement (e.g., only one reimbursement will be made per vehicle);

➢ The current rate for mileage reimbursement is .22 per mile, round trip from city of origin to city of event.

➢ This form must be return to Department Headquarters no later than ten (10) days prior to said meeting or as required per call-in notice.

➢ Owner of vehicle is responsible to carry Car Insurance, Department of Texas is "NOT" responsible for accidents and or damage to vehicle during said function.

By signing below, I certify that I am eligible to receive a mileage reimbursement from the Department of Texas American Legion Auxiliary for the use of personal vehicle and that I meet the guidelines set forth above.

_____          _____
Member Name                                                              Member Signature

_____          _____
Unit Name & Number                                                    Date

***Please mail form to Department Headquarters Attn: Office Manager or email to officemanger@alatexas.org***

**For office use only**

**Received by: _____ Date _____**

**_____ Department Executive Committee Meeting**
**_____ Department Midwinter**
**_____ Department Convention**
**_____ Other Event**

**Date copy sent to Department of Texas Secretary/President/Finance: _____**

**Cc/Department Secretary**
**Department President**
**Department Finance Chairman**
**Department Office Manager**

*Mileage Form Revised 02/16/2022*