



IFLTA Mileage Reimbursement Form

******Please note you are eligible if you have traveled over 20 miles******

Reimbursement is one way

Name _____

Address _____

Telephone _____

Email _____

Position in IFLTA or constituent organization

Meeting Date _____

Number of miles driven _____ x .25= _____

Please submit a map from your home to the meeting destination.