

The Augustine Fellowship, S.L.A.A., Fellowship-Wide Services, Inc.
TRAVEL EQUALIZATION FUND (TEF) GUIDELINES

History and Purpose

In an effort to improve geographical representation at the ABC/M and create a wider group conscience, the Conference approved the Travel Equalization Fund (TEF) in 1996. This fund helps equalize travel expenses for Delegates from all parts of the world who wish to attend the annual event.

All Delegates contribute \$150.00 to the fund in addition to paying for registration fees, food and lodging. This fund is an example of working together to help build a stronger Fellowship.

Guidelines

1. It is assumed that Delegates traveling up to 500 miles to the ABC/M are able to do so at minimal expense. They are, therefore, not eligible for TEF money. Contributions from these Delegates make possible financial assistance to Delegates traveling longer distances. The TEF is designed to be totally self-supporting.
2. All Delegates who travel over 500 miles are eligible for the TEF.
3. All TEF participants wanting a reimbursement must submit a copy of their travel receipts within 3 weeks after the close of the ABC/M: **DEADLINE is Friday August 7, 2009.**
4. TEF participants are eligible for reimbursement of some portion of the actual cost of their travel or an economy class airfare ticket--whichever is less--from the TEF.
5. There will be a maximum distribution to any TEF participant of \$1,000.00.
6. Reimbursements are made as soon as possible after the TEF submission deadline.
7. Should a Delegate or Intergroup be able to meet travel costs without use of the TEF, they may waive acceptance of TEF monies. Such a waiver helps others in need and is greatly appreciated.

The Augustine Fellowship, S.L.A.A., Fellowship-Wide Services, Inc.
TRAVEL EQUALIZATION FUND (TEF) REQUEST FORM
Submission Deadline—Friday August 7, 2009

Sponsoring Information Intergroup OR Lone Group (Choose one)

Name _____

Location _____

Mailing Address _____

City/State/Province _____

Zip/Postal Code/Country _____

Phone Number (Day) _____ (Evening) _____

Email Address _____

Delegate Information

Name _____

Mailing Address _____

City/State/Province _____

Zip/Postal Code/Country _____

Phone Number (Day) _____ (Evening) _____

Email Address _____

Travel Information

- Distance to ABC/M in miles: _____
Call your local automobile association or use MapQuest or a similar Internet program for mileage to Tampa Bay, Florida.
- Total spent for travel to the ABC/M: \$ _____
Only fully completed TEF forms with travel expense receipts attached will be considered for reimbursement.
- Payment of TEF should be made to: Delegate Sponsoring Intergroup/Group Other
If address is different from above, please indicate name and address here.

If you are a Delegate who is able to come to the ABC/M because of the TEF, it is suggested that you seek out Delegates from Florida, and other states or countries within the 500 mile radius, to thank them. Their contributions have helped make the TEF possible.

