

# Western Fraternal Life Association District Meeting Mileage/Attendance Report

Meeting Date \_\_\_\_\_ City/Location \_\_\_\_\_ Host Lodge No. \_\_\_\_\_  
 Total number of members \_\_\_\_\_ Total number of guests \_\_\_\_\_ Total Attendance \_\_\_\_\_

Roundtrip Mileage will be paid from the Lodge location (city/town) to the District Meeting location (city/town), at the rate determined by the directors each year. Mileage is paid for one car if 1-4 lodge members attend the District Meeting. Mileage is paid for two cars if 5 or more lodge members attend the District Meeting.

Name	Lodge	Home Office Use	
		Round Trip Mileage <small>(lodge to state mtg location)</small>	Total \$

Attendance

Lodge No.	Members	Guests	Attending

Attendance

Lodge No.	Members	Guests	Attending

I affirm this report to be accurate to the best of my knowledge and belief. The Election of District Officers report should accompany this form.

District Sec. \_\_\_\_\_ Date \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

# Western Fraternal Life Association

## State Meeting Mileage/Attendance Report

Meeting Date \_\_\_\_\_ City/Location \_\_\_\_\_ Host Lodge No. \_\_\_\_\_  
 Total number of members \_\_\_\_\_ Total number of guests \_\_\_\_\_ Total Attendance \_\_\_\_\_

Roundtrip Mileage will be paid from the Lodge location (city/town) to the State Meeting location (city/town), at the rate determined by the directors each year. Mileage is paid for one car if 1-4 lodge members attend the state meeting. Mileage is paid for two cars if 5 or more lodge members attend the state meeting. The Host Lodge receives \$1 per person attending, with a minimum of \$50 and members of that lodge cannot receive mileage reimbursement. If a group of lodges or district is hosting the meeting, one lodge should be listed on the mileage form below to receive the host lodge reimbursement money.

Name	Lodge	Home Office Use	
		Round Trip Mileage (lodge to state mtg location)	Total \$

**Attendance**

Lodge No.	Members	Guests	Attending

**Attendance**

Lodge No.	Members	Guests	Attending

I affirm this report to be accurate to the best of my knowledge and belief. The Election of State Officers report should accompany this form.

State Sec. \_\_\_\_\_ Date \_\_\_\_\_  
 Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_