



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; it distributes only those funds brought in through delegate registrations.
2. All Delegates who attend the ABM and travel over 500 miles are eligible for the TEF.
3. Delegates 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 18, 2017.**
4. Delegates who are eligible for TEF reimbursement will receive some portion of the actual cost of their travel or an economy class airfare ticket--whichever is least.
5. The maximum distribution is \$1,000.00 per delegate.
6. Reimbursements are paid as soon as possible after ABC/M and the TEF submission deadline.
7. A delegate or Intergroup that has the means to meet travel costs without assistance may waive acceptance of TEF reimbursement. Such a waiver helps others in need and is greatly appreciated.



TRAVEL EQUALIZATION FUND (TEF) REQUEST FORM

Submission Deadline—**Friday, August 18, 2017**

Sponsoring Information Intergroup OR Lone Group (Circle 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 Boston, Massachusetts.
- 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.

Mail to: F.W.S. TEF Request
1550 NE Loop 410, Suite 118
San Antonio, TX 78209 USA

Fax to: F.W.S. 1-210-828-7922
Email: abm2017@slaafws.org

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 Massachusetts, and other states or countries within the 500 mile radius, to thank them. Their contributions have helped make the TEF possible.