

SOUTHERN CALIFORNIA WORLD SERVICE
MILEAGE REIMBURSEMENT FORM

DATE: _____ DISTRICT # _____ DATE PAID: _____ CHECK # _____

NAME: FIRST: _____ LAST NAME: _____

ADDRESS: _____

TELEPHONE #: _____ E-MAIL ADDRESS: _____

EVENT: COMMITTEE _____ ASSEMBLY _____ OTHER _____

OFFICER/COORDINATOR _____ GR/DR
(PLEASE INDICATE WHAT POSITION YOU HOLD)

INTERGROUP LIAISON _____ DELEGATE/PAST DELEGATE _____
(PLEASE INDICATE WHICH INTERGROUP) (PLEASE INDICATE WHICH PANEL)

TOTAL Round-trip MILES _____ PAID MILES (OVER 100)

AMOUNT (MILES OVER 100 @ \$0.40 PER MILE) _____

Please give completed form to Tarisa R., SCWS Treasurer, or mail to: SCWS, 10073 Valley View St#260, Cypress, CA 90630

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