

**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 SCWS Treasurer or mail to: SCWS, 10073 Valley View St#260, Cypress, CA 90630

SIGNATURE: \_\_\_\_\_

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