## SOUTHERN CALIFORNIA WORLD SERVICE MILEAGE REIMBURSEMENT FORM

DATE:	DISTRICT #	DATE PAID:	CHECK #
NAME: FIRST: _		LAST NAME:	
ADDRESS:			
TELEPHONE #:_	E	:-MAIL ADDRESS:	
EVENT: COMM	ITTEE ASSEMBL	Y OTHER	
OFFICER/COOR		ATE WHAT POSITION YOU HOLD)	GR/DR
INTERGROUP LI	AISON(PLEASE INDICATE W	DELEGATE/PA	ST DELEGATE(PLEASE INDICATE WHICH PANEL)
TOTAL Round-t	rip MILES	PAID MILES	6 (OVER 100)
	SOUTHERI	St#260, Cypress, CA 90630 N CALIFORNIA WORLD SERVION NGE REIMBURSEMENT FORM	CE
DATE:	DICTRICT "		CHECK #
	DISTRICT #	DATE PAID:	CHECK #
		DATE PAID:	
NAME: FIRST: _			
NAME: FIRST:		LAST NAME:	
NAME: FIRST: _ ADDRESS: TELEPHONE #:_	E	LAST NAME:	
NAME: FIRST: _ ADDRESS:  TELEPHONE #:_ EVENT: COMM	ITTEE ASSEMBL	LAST NAME:	
NAME: FIRST: _ ADDRESS:  TELEPHONE #:_ EVENT: COMM OFFICER/COOR	ITTEE ASSEMBL	LAST NAME: E-MAIL ADDRESS:  Y OTHER  ATE WHAT POSITION YOU HOLD)  DELEGATE/PA	GR/DR
NAME: FIRST: _ ADDRESS:  TELEPHONE #:_ EVENT: COMM  OFFICER/COOR INTERGROUP LI	ITTEE ASSEMBL DINATOR(PLEASE INDICA	LAST NAME:	GR/DR

Please send the completed form to the SCWS Treasurer financials@scws-al-anon.org or mail to: SCWS, 10073 Valley View St#260, Cypress, CA 90630