

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/CO-ORDINATOR _____ GR/DR _____
(PLEASE INDICATE WHAT POSITION YOU HOLD)

INTER-GROUP LIAISON _____ DELEGATE/PAST DELEGATE _____
(PLEASE INDICATE WHICH INTER-GROUP) (PLEASE INDICATE WHICH PANEL)

TOTAL MILES _____ PAID MILES (OVER 100) _____

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

Please give completed form to Cathy Satter or mail to: SCWS, PO Box 350, North Hollywood, CA 91603

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