

Southern California World Service Expense Reimbursement Request

Date:

Name:	
Address:	
City, Zip:	
Phone:	
Position or Task Force:	

Date	Description (include purpose: e.g. ASWC, Board Mtg, Assembly, H&I Conf, SOS, etc)	Total Miles (Roundtrip)	Reimburse per mile	Mileage (\$)	Literature	Office Supplies	Printing	Postage	Airfare, Taxi, & Parking	Hotel	Meals	Registration	Other
			0.40										
Column Totals													
Total Reimbursement:													

Signature: _____

Note: Attach Mapquest for mileage. Attach receipts for all other expenses.

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

Please send the completed form to the SCWS Treasurer email financials@scws-al-anon.org or mail to: SCWS, 10073

Valley View St#260, Cypress, CA 90630