Northern California World Service Area

Northern California World Service Area of AFG, Inc

EXPENSE REIMBURSEMENT FORM

Name _____ Date_____

Address _____ Phone day _____

City, State, Zip _____ Phone eve. _____

Committee/Position/Title_____

Date	Description/ Meeting/ Event	Room *	Meals	No. of Miles	Total Mileage 55.5 ¢ *	Supplies /Misc. **	Total
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
					0		0
TOTALS		0	0	0	0	0	0
Acct # for Treas. Use only							
				Less Expenses donated back to NCWSA			( )
				Less Paid by Others			( )
				Less Advance			( )
Total due you. (If advance is more, send check to NCWSA)							0

* If you shared with someone else, put total here and deduct their payment below. Current mileage rate is 55.5¢/mi.

** Please list and enclose receipts, taped to an 8 1/2 x 11 sheet of paper.

Requester's Signature_____ Approval Signature_____

Mail to: NCWSA Treasurer
3374 LaMesa Dr #10
San Carlos, CA 94070

Date Rec'd
Date Paid
Check #