

AFG HAWAI'I AREA WORLD SERVICE COMMITTEE EXPENSE REIMBURSEMENT

PAYEE:		CHECK NUMBER:	
TITLE:		CHECK DATE:	

DESCRIPTION OF EXPENSE:	AMOUNT:
TOTAL:	

**Please complete this form for reimbursement of your expenses.
Attach all receipts.
Make sure your total expenses do not exceed your budget.**

**Mail to: Tom Nelson
161 Halona Street
Kihei, HI 96753**

Email: hawsc.treasure@gmail.com

Call: 925-297-7163