

Sons of The American Legion – Detachment of California



**REIMBURSEMENT FORM**

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Position/office held: \_\_\_\_\_ Sq./Dist./Area \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing address: \_\_\_\_\_

City, CA, Zip code: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FOR: *(please explain event, travel, or other expense you are seeking reimbursement for including dates and locations. If the request is for mileage, please include a copy of a MapQuest or other page showing the distance)* \_\_\_\_\_

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Please print, fill out, scan along with any receipts, mileage, or any other supporting documentation and EMAIL TO:

James Eubanks, PDC  
Finance Officer  
[pdceubanks@yahoo.com](mailto:pdceubanks@yahoo.com)

AND

Frank Meraz, PDC  
Chmn., Finance Commission  
[frankmeraz69@yahoo.com](mailto:frankmeraz69@yahoo.com)