MILEAGE STATEMENT

NATIVE DAUGHTERS OF THE GOLDEN WEST

Please complete and return to the State Chairman of Transportation no later than May 31, 2024. Any that come in after that date will likely be receiving your check in the mail after Grand Parlor.

Parlor Name	Parlo	r No	District No	
City	County			
Please check category. More the be paid to any one individual.	an one category may b	be checked	l, but not more tha	n one mileage allowance will
Delegate Grand Office	er Past Grand	d Presiden	t	
State Chairman of				
Member, State Committee: (refe	r to CGP, Page 25, no.	.1)		
NAME				
ADDRESS				
CITY	ZIP	PH	ONE	
DO YOU WISH TO WAIVE MI	LEAGE? YES	NO		
Corrected statements of Alternates registration prior to the opening of	_		the Transportation	Committee at the time of
	AGE WILL BE PAID CGP PROCEDURES,			НЕ
State Chairman of Transportation Sub-Committee 1731 San Pascual Street Santa Barbara, CA 93101 Email: anaortizz@yahoo.com				
For Committee Use: Zone	Check No	An	nount \$	

Approved by Grand Presiden

PLEASE PRINT IF FILLING OUT BY HAND