

DISTRICT 5

HYBRID MEETING REIMBURSEMENT FOR EQUIPMENT

Name of Group Meeting _____

Day & Time of Meeting _____

Contact Name for Group _____

Contact (phone or email) _____

Contact address _____

Description of Equipment Purchased & Cost _____

Contact Signature _____

Please attach receipts and return form and receipts to Pattie:

P.O Box 2412 Santa Rosa, CA 95407 or email treasurer@sonapal-anon.org

Any questions email Cindy: institutions@sonapal-anon.org