

# District 1 Alcoholics Anonymous

## Request for Reimbursement

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Officer, Committee, or Event \_\_\_\_\_

**Make check payable to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

### Mileage Reimbursement Information

Date	From	To	Purpose (event)	Miles

For vehicle expenses incurred on or after January 1, 2011 X .35 for total mileage reimbursement.

**EXPENSES**

Printing/copying	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Mileage	\$ _____	\$ _____
Sleeping Room	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

**TREASURER'S RECORD**

Check # \_\_\_\_\_

Check Amount \_\_\_\_\_

Issue Date \_\_\_\_\_

Distribution of Funds

Category	Amount
----------	--------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Reimbursement \$ \_\_\_\_\_

\_\_\_\_\_