District 11 Expense Report

Name:	Date		
Service Position:			
Address:			
Phone #: F	-Mail Address:		
Mail check to: () Same as above Mail check to:			
Purpose of expense:			
Description of Expense:	Qty.	Cost each	Extension
		Fotal Expenses	
Note: Mileage reimbursed at \$.40 a mile			
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Committee Chair Approval: Printed Name:	Signature	•	
Please submit the completed form	and related receipts (requ	ired)	
Submit by Email to: Treasurer@	AA-NIA-Dist11.org		
or via US Postal Mail to:			
District 11 – Treasurer P.O. Box 846			
McHenry, IL 60051			
Γreasurer's Record:			
Date Paid:	Check #:		
Description if necessary:			
Date Archived:			