

# SOUTHERN ILLINOIS AL-ANON/ALATEEN FAMILY GROUP

**Expense Form for Year:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Attn: Treasurer. This is a request for reimbursement of expenses incurred as shown below.  
Attached are all bills and receipts to support this request.

Expense Item	Description	Total Amount
Mileage/round trip	Total Miles _____ X \$0.25	
Parking /SIAFG authorized meeting		
Motel/Up to \$45.00 allowance toward lodging for, officers & Coord & past Dels. Who stay overnight when they travel 100 miles or more(round trip) and attend both SIAWSC & SIAFG meetings		
Office Supplies		
Printing / copying (Receipts for copies or paper, ink, ect., or \$0.10 per page of home prints)		
Postage		
Miscellaneous		
	<b>Total Amount Due</b>	\$ _____

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

Signed \_\_\_\_\_

Position \_\_\_\_\_

Print Name \_\_\_\_\_