Northern Lights Area of Narcotics Anonymous

P. O. Box 16934, Duluth, MN 55816

Check Request or Expense Reimburse Request Form

Make Check Payable to: _____Date: _____

Subcommittee or Office:_____ Approved by: _____

EXPENSES

Attach Receipts for Reimbursement – Return receipts to Treasurer if Check Request or Advance

TYPE	DESCRIPTION	AMOUNT
Cash Advance		
Postage		
Copy & Printing		
Rent		
Literature		
Refreshments		
Office Supplies		
Other Supplies		
Telephone		
Mileage	# Miles _____ $_____ per mile	
Other		
Other		
Other		
Other		
Sub Total		
Less Cash Advance		( )
Total Due		

Treasurer's Use Only

Budget Available ❑ Yes ❑ No (Motion required if no budget available) Check # _____