

Central Florida Intergroup Expenses for Reimbursement

Name
Address
Telephone #

<u>Date of Expense</u>	<u>Paid to</u>	<u>Description</u>	<u>Amount</u>
		Total	

Reason for expense: (ie, Convention, Newsletter, Advertising, Publicity, etc)

<u>Date</u>	<u>Ck Number</u>	<u>Paid to</u>	<u>Amount</u>

Name _____ **Submitted by** _____ **Approved by** _____