

Area 53 – East Texas Al-Anon/Alateen Assembly Expense Claim Form

Please Print:

Make Check Payable to: _____

Mail to: Street Address/PO Box: _____

City, ST, Zip _____

Signature: _____

Event Date: _____ Function: _____ Place: _____

Travel Expenses

Start Address: _____

End Address: _____

Description	Original Receipt Amount	Your Share/Portion
Airfare		
Hotel Room # in Room _____		
Meals		
Registration Fee		
Tolls		
Transfers/Shuttles		
Mileage	Total # of Miles x \$0.40	Your Share/Portion

Subtotal \$ _____
Less Advance \$ _____
Total Travel Reimbursement \$ _____

Other Expenses

Description	Original Receipt Amount	Your Share/Portion
Copying/Printing		
Gifts		
Literature/Tapes		
Phone		
Postage/Faxing		
Other		

Subtotal \$ _____
Less Advance \$ _____
Total Position Reimbursement \$ _____
Combined Total Travel/Position Reimbursement Request \$ _____

Explanation of Expenses: _____

To Submit A Claim For Reimbursement

- Make copies of this form for use with other events.
- Complete a form for each event or position.
- Attach original copies of all receipts.
- Mail Receipts and Completed Form to:

ETAAA – Treasurer
 P.O. Box 450675
 Laredo, TX 78045
- Make a copy for your files.
- Contact me if you have any questions:
956-337-4805
txe53treasurer@gmail.com

For Office Use Only
Date Paid:
Amount:
Check Number:
Paid By:
Cleared:
Comments: