

General Service Area 28 Expense Form

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|-------|--|-------------------------|--|-----|--|
| Name: | | Period of Expense From: | | To: | |
|-------|--|-------------------------|--|-----|--|

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|------------------|--|
| Mailing Address: | |
|------------------|--|

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|--------------------------------------|--|--|--|--|--|
| Area Function or Purpose of Expense: | | | | | |
|--------------------------------------|--|--|--|--|--|

| Budget Category | Date | Vendor/Description | | | | Amount |
|----------------------|------|--------------------|--|------------------------|-----------------------|--------|
| Gas | | 1st Gas Slip Date: | | 2nd Gas Slip Date/Amt: | | \$ - |
| Tolls | | | | | | \$ - |
| Lodging | | | | | | \$ - |
| Meals | | | | | | \$ - |
| Literature | | | | | | \$ - |
| Postage | | ... | | | | \$ - |
| Printing | | | | | | \$ - |
| Other (Explain) | | | | | | \$ - |
| In Kind Contribution | | In Kind Amount: | | | | \$ - |
| | | | | | Total Expenses: | \$ - |
| | | | | | Less Amount Advanced: | \$ - |
| | | | | | Total Due: | \$ - |

| | |
|-------------------------------|--|
| Complete if Payable to Other: | |
|-------------------------------|--|

NOTE: Receipts must accompany expense report items for reimbursement. Please fill out **ONE** report for **EACH** Area Function.

I hereby certify that this statement contains a true accounting of my expenses incurred during the period specified:

| | | | | | |
|------------|--|-----------------|--|-------|--|
| Signature: | | Title/Position: | | Date: | |
|------------|--|-----------------|--|-------|--|

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|-----------------------------|------------|---|---------------|--|------------|--|
| TREASURERS USE ONLY: | AMOUNT: \$ | - | CHECK NUMBER: | | DATE PAID: | |
|-----------------------------|------------|---|---------------|--|------------|--|