REGION V—
Overeaters Anonymous, Inc.
PO Box 47187
Indianapolis, IN 46247

CREDIT CARD TABULATION FORM

Name: _____ Date:_____

Office Title: _____ Signature: _____

Please attach a copy of all receipts, bills, airline tickets and other supporting documentation. For travel expenses, indicate the destination, dates of departure and return. For postage, indicate the number of items mailed. Under "CATEGORY" list the following area, if applicable, personal car, public transportation, hotel and meals, telephone, postage, duplication/printing, or other.

Corporate Credit Card Charges:

Category	Date	Purpose and General Description	Amount