*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 |
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