

Region 5 Overeaters Anonymous
P.O. Box 221224
Shaker Hts. Ohio 44122



CREDIT CARD EXPENSE 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