

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



## Expense Request

Committee or Office \_\_\_\_\_ Date \_\_\_\_\_

Signature of Committee Chair or Officer \_\_\_\_\_ (Please print)

Make check payable to \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Item	Amount	Explanation
Phone		
Postage		
Duplication		
Supplies		
Personal Car Expenses		
Rental Car		
Travel/Air, Bus, etc.		
Meals/Lodging		
Other		
Other		
Other		
<b>Totals</b>		

*Explanation must include: Attached receipts, and other pertinent information. Expenses should be submitted within thirty (30) days.*

Date \_\_\_\_\_ Budget amount \_\_\_\_\_ Check no. \_\_\_\_\_

Total amount of check \_\_\_\_\_