

**REGION 5—**  
**Overeaters Anonymous**  
**P. O. Box 199223**  
**Indianapolis, Indiana 46219**



*Expense Request Form. pub*  
*Nov2012*

## 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
<b>Phone</b>		
<b>Postage</b>		
<b>Duplication</b>		
<b>Supplies</b>		
<b>Personal Car Expenses</b>		
<b>Rental Car</b>		
<b>Travel/Air, Bus, etc.</b>		
<b>Meals/Lodging</b>		
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		
<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** \_\_\_\_\_