

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		
Totals		

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 _____