## **Expense Report**

Authorized By:

Name:	
Address	
Address	
Phone Number	
Purpose of Expense	



Al-Anon District 3 PO Box 23684 Jacksonville, FL 32241 www.members.jaxafg.org

Expense Date	Expense Description	Receipt Attached	Expense Amount	Comments:
		Total Expenses		
		Total Advance		
nature:	Date:	Total Reimbursement		

**Internal Use Only** 

Amount Paid	Check No.	Date