



Area 33

General Service of Southeastern Michigan Expense Reimbursement Request Budgeted Committees and Area Officers

Name: _____ Date: _____

Committee/Officer Position _____

| Expense | Amount |
|-------------------------|-----------------|
| Publications/Literature | \$ _____ |
| Copies/Printing | _____ |
| Postage | _____ |
| Event Registration | _____ |
| Hotel | _____ |
| Transportation | _____ |
| Fuel | _____ |
| Other | _____ |
| _____ | _____ |
| Total Requested | \$ _____ |

Area 33 is required to conform to IRS guidelines in order to preserve our tax free, section 501(c)(3) status. The finance committee has suggested use of this request form to enable accountability in the event of an audit.

Please fill out this form in duplicate and attach your receipt(s) to one of the forms, in support of your request to the Area Treasurer, at the monthly Area 33 Assembly. You will be reimbursed from your budgeted amount. In addition, please give the second (duplicate) form, without receipts, to the Area Finance Chair at the Area 33 Assembly.