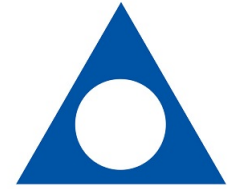


Expense Report



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

Name:

Address

Address

Phone Number

Purpose of Expense

Expense Date	Expense Description	Receipt Attached	Expense Amount
Total Expenses			
Total Advance			
Total Reimbursement			

Comments:

Signature: Date:

Authorized By:

Internal Use Only

Amount Paid	Check No.	Date