

SEAZ Intergroup Committee Expenditure/Reimbursement

Name _____ Date _____

Service Position or Committee Affiliation: _____

Phone :

Enter expenses for each committee in separate columns

Description of Expense (Postage, Copies, Office Supplies, etc)	Budget Item	Budget Item	Budget Item
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total of each Committee's Expenses	\$	\$	\$

Total reimbursement (add all committees' expenses): \$ _____

Approved by Committee Chair or Board Member: _____

Please attach all receipts below for reimbursement.