

Annapolis Area Intergroup Expense Voucher

Name _____

Address _____

Phone _____

Email _____

Describe Expense(s)

Amount of Expense _____

Do you need to be reimbursed? _____

Or Describe method you used to pay

Or AAIG check number you used: _____

Signature _____

Date _____

Circle Budget Category:

Activities

Bulletin

Coffee/Soda Supplies

Institutions

Literature for Sale

Office Supplies

PI/CPC (Web)

Where & When

Other (Specify) _____

Attach Receipt(s)

Treasurer Use Only

Expense Reimbursed _____

Date _____

Check # _____