

**District 14 of Alcoholics Anonymous Expense Report**

Name & Service Position: \_\_\_\_\_ To: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 District Activity / Event / Function or Purpose of Expense: \_\_\_\_\_

Period of Expenses From: \_\_\_\_\_

Budget Category	Date	Vendor	Items/Services Paid For	Remarks	Amount
Phone					
Transportation / Travel				From: To:	
Lodging					
Meals					
Postage					
Printing					
Literature					
Other					
<b>Total Expenses:</b>					\$
<b>Less Amount Advanced:</b>					\$
<b>Total Due:</b>					\$

Check One: Payable to me ( ) Donate to District 14 ( ) Payable to Other ( )

Note: Receipts must accompany expense report items for reimbursement. Please fill out ONE report for EACH District Represented Function.  
 Note District 14's Federal Tax ID # is \_\_\_\_\_ and Maine State Tax ID # is \_\_\_\_\_. District 14 does not have a 501-C-3 tax exempt number.

*I hereby certify that this statement contains a true accounting of my expenses incurred during the period specified:*

Signature: \_\_\_\_\_ Service Position: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurers Use Only: Amount:\$ \_\_\_\_\_ Check Number # \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 Service Position Budget:\$ \_\_\_\_\_ Minus Current Expense:\$ \_\_\_\_\_ Balance Remaining:\$ \_\_\_\_\_