



GROUP MONTHLY EXPENSE FORM

Group Leaders may use this form to

- Request reimbursement for expenses the Leader has personally paid—attach receipts
- Request that the Area submit payment for an expense directly to a supplier—attach invoice(s)

ALL EXPENSES MUST BE PRE-APPROVED BY THE AREA LEADER/TEAM

SUBMIT THIS FORM DIRECTLY TO THE AREA TREASURER – Keep a copy for your records.

Group Name _____

Leader _____

Home Address _____

City/State/Zip _____

Phone & Email _____

For Month Ending _____ Date Submitted _____

Expense Items	Reimbursement to Group Leader	Pay Directly to Supplier/Business	Comments
Postage	\$	\$	
Printing/Copying	\$	\$	
Meeting Room Rent	\$	\$	
Office Supplies	\$	\$	
Other:	\$	\$	
Other:	\$	\$	
Total Expenses	\$	\$	

For Payments Directly to Supplier/Businesses: Please attach invoices

Business/Org. _____

Street Address _____

City/State/Zip _____

Group Leader Signature