

EXPENSE INFORMATION SHEET

Date Submitted

Reimbursed person's name & Address

Phone number

Expense total amount

Category **Amount**

Please attach receipts

Copies
 Literature
 Mailing
 Supplies

| <u>Expense designation</u> | <u>Amount</u> |
|-----------------------------------|----------------------|
| Administrative | <input type="text"/> |
| Chairman | <input type="text"/> |
| Delegate | <input type="text"/> |
| Designated Downloader | <input type="text"/> |
| Mailing Coordinator | <input type="text"/> |
| Meeting List | <input type="text"/> |
| Promises | <input type="text"/> |
| Public Information | <input type="text"/> |
| Retreat | <input type="text"/> |
| Secretary | <input type="text"/> |
| Sharathon | <input type="text"/> |
| Telephone Coordinator | <input type="text"/> |
| Treasurer | <input type="text"/> |
| Twelve Step Within | <input type="text"/> |
| Ways & Means | <input type="text"/> |

NHI TREASURER USE ONLY
Date intergroup paid
Check #