

INTERGROUP COMMITTEE CHAIR EXPENSE FORM

Date Submitted

Name

Address

Phone

email

Expense total amount

PLEASE ATTACH RECEIPTS

Expense designation

Amount

Category

Amount

Administrative (Vice Chair)

Copies

Answering Service Chair

Literature

Chair

Mailing

Meeting List

Mileage (.45 a mile)

Promises Editor

Supplies

PO Box Coordinator

Public Information

Secretary

Treasurer

Twelve Step Within

Ways & Means

NHI TREASURER USE ONLY

Date Intergroup Paid:

Check #

Date Intergroup Paid:
Check #