

Al-Anon Suffolk Information Service Request for Reimbursement (RFR)

(Please staple all receipts to this form)

Date _____

Name (please Print) _____

Mailing Address _____

ASIS Board Position _____

Expense Allocated to Board Position (if different) _____

Postage _____

Copies _____

Gas/Tolls/travel _____

Office Supplies _____

Other _____

Total Amount _____

Explanation of expenses (only if needed) _____

_____ Expense within Budget _____ Expense over Budget _____ Request Advance Funds

If expense request is not within budget (write amount requested) _____

Explanation for request _____

Please attach a copy of approved budget and then present to board for approval.

Board Approval Date _____

Thank you for your cooperation

Beth M. ASIS Treasurer