



# Al-Anon Suffolk Information Service

PO Box 490, Farmingville, NY 11738

631.669.2827 / [al-anon-suffolk-ny.org](http://al-anon-suffolk-ny.org)

## **Request for Reimbursement (RFR)**

Date \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

ASIS Board Position \_\_\_\_\_

Board Position to which expenses apply (if different) \_\_\_\_\_

Postage \_\_\_\_\_

Copies \_\_\_\_\_

Gas / Tolls / Travel \_\_\_\_\_

Office Supplies \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

Explanation of expenses (only if needed) \_\_\_\_\_

\_\_\_\_\_

Expense WITHIN budget \_\_\_\_ Expense OVER budget \_\_\_\_ Request funds in ADVANCE \_\_\_\_

If expense request is OVER budget, by how much? \_\_\_\_\_

Explanation for requested increase \_\_\_\_\_

\_\_\_\_\_

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

Board approval date \_\_\_\_\_

**Thank you for your cooperation; thank you for your service!**  
**asistreasurer2023@gmail.com**