

PANEL 52 REIMBURSEMENT

COMMUNICATE RECOVERY

Assembly _____

AWSC _____

Name: (print) _____

Position: (check one) DR___ (Dist #___); AISL___ (Dist #___) Coordinator _____

NFA Officer _____ Event Chairperson _____ Past Delegate _____ Other _____

Area World Service Committee Members

Room Number (if staying at Host Hotel) _____

Room Reimbursement (if not at Host Hotel) _____

Gasoline Cost for round trip _____

Tolls _____

Food (see back for breakdown) _____

SUB-TOTAL _____

Officers & Coordinators & Event Chairs

Registration (Assembly, if not a GR) _____

Telephone (receipts requested) _____

Supplies (receipts requested) _____

Printing/copying (receipts requested) _____

Travel (if not covered above, receipts required) _____

Other (receipts required) _____

Other (receipts required) _____

Other (receipts required) _____

(If submitting "Other" please include a page of explanation and all original receipts from the vendor)

SUB-TOTAL _____

TOTAL REIMBURSEMENT REQUEST _____

Member Signature _____

Date ____ / ____ / ____

NORTH FLORIDA AREA ASSEMBLY, AFG, INC. USE ONLY

Paid Check # _____ Amount _____ Date _____