



FOOD ADDICTS
in recovery anonymous

FA-EAI, Inc. Reimbursement Form

Please complete form and return to: eaitreasurer@foodaddicts.org

Or mail to:

FA-EAI, Inc.

P.O. Box 490551

Everett, MA 02149

Please note:

-Reimbursement requests by mail may take several weeks.

/Your" r j qpg"pw o dgt"below ku"tgswktgf"vq"rtqeguu"vjg"request.

/Rngcug"fqwdng/ejgem"{qwt"ecnewncvkqpu0

| Date | Description of Expenditure | Quantity | Cost per Item | Total Cost |
|-------------|-----------------------------------|-----------------|----------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total: _____

Date submitted: _____

Committee: _____

Please address reimbursement check to:

Name: _____

Address: _____

City, State, and Zip: _____

E-mail address: _____

Phone number: _____