

FA World Service REIMBURSEMENT FORM

SUBMITTED BY: _____

COMMITTEE NAME: _____

COMMITTEE CHAIR: _____

DATE SUBMITTED: _____

Please complete the form below and attach a copy of receipt
 EITHER: if receipt is available by softcopy or by scanned PDF file, then attach this completed form and also the receipt copy and email to: fa@foodaddicts.org
 Put in the subject: "Attn: Reimbursement for <your name> for <Committee name>"

OR: If only hard copy of receipt is available: Mail these to:
 FA World Service Office
 Attn: Reimbursement
 400 West Cummings Park, Suite 1700
 Woburn, MA 01801

Our committee incurred expenses during the month of _____

Note: expenses will be reviewed with committee chair before being reimbursed. All expenses should be pre-approved by committee chair.

Item or Expense, purchased from	Quantity	Cost Ea.	Purpose, Date of Expense	Cost
		\$		\$
		\$		\$
		\$		\$
		\$		\$
			TOTAL COST=	\$

Make check payable to: Name _____
 Address _____
 City, State, Zip _____ New address? (Y/N)_____

NOTE: In order to keep our non-profit status, we have to be ready to prove our expenses to the IRS. Therefore, all reimbursements will be dependent upon having receipts provided.

FOR OFFICE USE:
CHECK # _____ **Account:** _____

Date Check Issued: _____ **Issued by:** _____ **Approved by/date:** _____