



FOOD ADDICTS
in recovery anonymous

FA Maine Chapter Reimbursement Form

Please complete form and return with receipts to:

Treasurer
FA Maine Chapter
P.O. Box 373
Augusta, ME 04332

<u>Date</u>	<u>Description of Expenditure</u>	<u>Qty.</u>	<u>Cost/Item</u>	<u>Total Cost</u>

Total _____

Date submitted _____

Committee (check one) By-Laws Office Public Info Meeting Support 12th Step

Requestor Signature: _____

Committee Chair Signature: _____

Please send reimbursement check to:

Name (please print): _____

Address (please print): _____

City, State, Zip Code (please print): _____

Telephone: _____ Email: _____

Office Use Only:

- Quicken
- TD Banknorth
- Budget