



**FOOD ADDICTS**  
*in recovery anonymous*

**FA-EAI, Inc. Reimbursement Form**

Please complete form and return to:

FA-EAI, Inc.  
P.O. Box 490551  
Everett, MA 02149

***Or email to:***

eaitreasurer@foodaddicts.org

<b>Date</b>	<b>Description of Expenditure</b>	<b>Quantity</b>	<b>Cost per Item</b>	<b>Total Cost</b>

Total: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Please send reimbursement check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_