

Area 70 Expense Form

Date Submitted: _____

Committee Chair or Officer Title: _____

Chair's or Officer's Name: _____

Address if to be mailed: _____

Mileage				
Event	Date	Round Trip Miles	Amount per Mile	Total Dollars
			0.45	
			0.45	
			0.45	
			0.45	

Event	Date	Round Trip Miles	Amount per Mile	Total Dollars
			0.45	
			0.45	
			0.45	
			0.45	

Other Expenses	
Literature (including meeting lists)	
Copying	
Postage	
Phone Calls	
Workshop Expenses	
A.A. Service Functions	
Other (please specify):	
Total Expenses	

Area 70 Treasurer
 Area70Treasurer@aavt.org
 P.O. Box 1210 Bennington, VT 05201

**Please submit all receipts where applicable.
 Thank You For Your Service!**