

# Area 70 Expense Form

Date Submitted:

**Committee Chair or Officer Title:** \_\_\_\_\_

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

Address (if to be mailed): \_\_\_\_\_

## Mileage Expenses

Event	Date	Round Trip	Amount per Mile	Total Dollars
			X 0.45 cents	
			X 0.45 cents	
			X 0.45 cents	
			X 0.45 cents	
			X 0.45 cents	
			X 0.45 cents	

## Other Expenses

<b>Literature</b> (books, pamphlets, meeting lists)		
<b>Supplies</b> (including shipping costs)		
<b>Copying Costs</b>		
<b>Postage</b>		
<b>Phone Calls</b>		
<b>Other (specify)</b>		
<b>Service Events</b> ( meals, hotels, registrations . . . )		

**Total Expenses:**

**Area 70 Treasurer**  
**Area70Treasurer@aavt.org**  
**PO Box 581, Winooski, VT 05404**

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