DISTRICT 12 VENTURA COUNTY AL-ANON / ALATEEN FAMILY GROUPS

EXPENSE RECEIPT RECONCILIATION

Date: _____

Position / Service Activity: _____

Officer / Coordinator: _____

No.	Name of Vendor / Payee	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	*****TOTAL MISSING RECEIPTS***** *	_____

Total Amount this page: _____

Total Amount all other pages: _____

Total Expenses: _____

Amount Received in Advance: _____

Amount to be Returned to Treasurer: _____

Amount to be Reimbursed: _____

Please Reimburse:

_____

_____

Submit to District 12 Treasurer via email at Treasurer@alanonventura.org

Date Paid: _____. Check No._____. Amount: _____