

Date of report: _____

AA District 25 Area Expense Report

Member Information:

Name: _____

Group: _____

Position: _____

Date	Description of Expense	Hotel	Mileage 0.38/km		Meals	Miscellaneous		Total
			Mileage	\$ amount		Details	\$ amount	

Sub Total
 minus Advances
 Total

Approved: _____

Notes: _____

Paid Ch #
 Date