



EXPENSE REIMBURSEMENT FORM

INSTRUCTIONS: Please submit expenses for reimbursement on the earlier of (a) six weeks of acquisition and (b) the first InterGroup Meeting of the year in which such expenses were incurred. For example, if an expense is incurred at the end of Year 1, then you are requested to submit the expense for reimbursement no later than the first InterGroup Meeting of Year 2. Your cooperation is greatly appreciated so that the financial records of GCI can be properly maintained.

Treasurer Use

PD Date & Ck #

Date: _____ Name: _____ Signature: _____

Address: _____

Tel: _____ Email: _____

Expense Reimbursements are subject to audit for errors and the payor is responsible for the return of any overpayments. Your signature above is your attestation that this form and any attachments is an accurate accounting of bona fide amounts due you.

I. EXPENSE CATEGORIES (Other than Funded Committees)

60420 · Books, Subscriptions, Reference	\$ _____
60430 · Postage, Mailing Service	\$ _____
60440 · Printing and Copying (Not including Unity)	\$ _____
60450 · Supplies	\$ _____
60460 · Telephone, Telecommunications	\$ _____
Expense Sub-Total	\$ _____

II. FUNDED COMMITTEES (Other than Special Events)

60210 · Unity	\$ _____
60220 · Website	\$ _____
60230 · PIPO	\$ _____
60240 · Twelfth Step Within <i>(Please Use Section III)</i>	\$ _____
60250 · Budget	\$ _____
60260 · Special Events <i>(Please Use Section III)</i>	\$ _____
60270 · Audio Tape/CD Library	\$ _____
60280 · Ways & Means	\$ _____
60290 · Other & Ad Hoc <i>(Please Specify: _____)</i>	\$ _____
Funded Committee Sub-Total	\$ _____

III. EVENT REIMBURSEMENTS (Enter Totals below ONLY, Attach Supporting Detail)

71000 · Conventions	\$ _____
72000 · Gratitude Luncheons	\$ _____
73000 · Workshops	\$ _____
Event Reimbursement Sub-Total	\$ _____

IV. TRAVEL (Enter Totals below ONLY, Attach Supporting Detail)

TRAVEL REIMBURSEMENT GUIDELINES: (i) The IRS allows actual expenses (gas/oil/tolls) or a mileage rate. The 2010 mileage rate is \$0.14 for use of a vehicle for a charitable organization. Please choose only one (1); (ii) Maximum meal reimbursement is \$50 per funded committee chair, and \$75 per Board member, plus the cost of event sponsored meals; (iii) Please attach original receipts and bills, including any explanatory information, for all requested reimbursements; and (iv) lodging will be reimbursed at one-half the double occupancy rate.

60610 · Florida State Convention	\$ _____
60620 · World Service Delegates	\$ _____
60630 · Region 8 Reps	\$ _____
60690 · Other Travel <i>(Please Specify: _____)</i>	\$ _____
Travel Sub-Total	\$ _____

LESS: Amount of any prior period related Advances *(Date: _____)*

REIMBURSEMENT DUE

\$