GENERAL SERVICE COMMITTEE
EASTERN MASSACHUSETTS

AREA 30

EXPENSE RECORD FORM

Date Of Request:	
Name and Phone #:	
Committee/Budget Account Name:	
Make Check Payable To:	

Is this a request for an advance?

If **Yes,**

Fill in amount requested .....$

(Please submit receipts to Treasurer to apply against this advance balance)

If **No,**

Please complete form below and attach receipts.

(**Note:** Only complete form below if this is not an advance)

Date Of Expense	05 Printing	10 Postage	15 Phone	20 Rent	25 Travel	30 Literature	35 Conventions	40 Miscellaneous	50 Supplies	Treasurer's Use Only Account #	Description	Amount

Total:

Treasurer's Use Only Check Date: Check #: PT Post: ☐ Notes:

Email to: treasurer@aaemass.org