

Houston Area Service Committee of NA

Expense Report Form

Date _____

Please complete this form for both anticipated expenses related to an advance request or for reimbursement of approved expenses.

Submitter's Name _____ Position _____

Is this an Advance Request? Yes or No (Circle One)

Date of Expense	Vendor Name	Description/Explanation	Amount	Budget Allocation
Advance Total				
Expense Total				
Reimbursement Due				
Amount of funds Returned				

Notes:

Make Check Payable to: _____

Check #:

Check Date:

Purpose/Account: