

WORCESTER AREA INTERGROUP, INC.
ALCOHOLICS ANONYMOUS
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 www.aaworcester.org

Expense Form

Please staple all receipts to the back of this form

Date Of Request:	
Name and Phone #:	
Mailing Address:	
City, State, zip code:	
Committee/Budget Account	
Make Check Payable To:	

Date Of Expense	Printing	Postage	Supplies	Literature	Conventions	Miscellaneous	Advance	Comments	Description	Amount
Total:										
<i>Treasurer's Use Only</i> Check Date: _____ Check #: _____										

Please return to WAI Treasurer.