



Greater San Jose Area of Narcotics Anonymous  
Reimbursement Form



Treasurer Use Only

Invoice#: \_\_\_\_\_ Date: \_\_\_\_\_ Pd Ck#: \_\_\_\_\_

Amount: \_\_\_\_\_ Comments: \_\_\_\_\_

Requester Fill out this section

AUDIT RESULT:  OK  NOT OK

Initial/date: \_\_\_\_\_

Issues: \_\_\_\_\_

Date: \_\_\_\_\_

Requester / Submitted By: \_\_\_\_\_

Expenditure Description: \_\_\_\_\_

Budget Line Item: \_\_\_\_\_

Amount: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

**Form Instructions:**

**Date:** Date of Area Service

**Requester/Submitted By:** Put subcommittee name, group, or person's name. They must be authorized to charge the budget line item (Chair, Vice-Chair, or authorized representative).

**Budget Line Item:** Current budget line-item code (i.e. AD004)

**Amount:** Amount requested

**Make Check Payable to:** Who's name/company/business name do you want written on the check

THIS FORM MUST BE ACCOMPANIED BY A RECEIPT/INVOICE OF THE EXACT AMOUNT REQUESTED