

SOUTHSIDE AREA MONTHLY FUNDS REQUEST

“... directly responsible to those they serve.”

Name/Subcommittee: _____

Chairperson: _____

Date: _____

EXPENSES

TYPE	DESCRIPTION	AMOUNT
Secretary Supplies		
P.R. Copy & Printing		
H&I Literature/Supplies		
Telephone Cards		
Activities – Food/Rent		
Regional – Food, Hotel, Mileage		
Policy Expense		
ASC Expense Items		
Other		
	TOTAL	

Check Payable to: _____

Amount: _____

Check #: _____

Date: _____

***** Please attach all receipts *****