

## Request for Funds

*(Al-Anon and Alateen Family Group (AFG), Maryland and District of Columbia - Area 24)*

This request for funds must be signed by the person requesting the funds. Mail the completed form to the Area 24 Treasurer at:

***AFG of MD and DC, Inc. 3116 Parkway, Cheverly MD 20785***

The purpose of this request for funds is:

1. To pay for products or services already received but not paid for. Please attach bill(s) from vendor, *or*
2. To reimburse an individual for personal funds expended for Area 24 business. Attach paid bill(s) or receipt(s). Cash register receipt(s) must be identified, by a notation, as to what was purchased. Whenever possible, please attach the original receipt(s), *or*
3. To provide funds for future Area 24 expense(s) anticipated by the individual requesting the funds (i.e., advance). A Settlement of Advance form will be issued with each advance. The Settlement of Advance form is to be completed and returned to the Area 24 Treasurer, when the funds have been expended, or at the end of the calendar year. Bills and receipts, as directed above, together with the remaining funds, must accompany the completed Settlement of Advance form.

Date:	Amount Requested: \$	Office / Committee:
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Request check is made payable to:

Name:	
Address:	City, State, Zip Code:

Funds requested by:

Signature:	Print Name:	Position:
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Date	Item / Description	Amount
		\$
		\$
		\$
		\$
Total Amount Requested >		\$

Mileage Reimbursement (will be reimbursed at the rate in effect on the date of the trip and added to Total Amount Requested, if any).

Date (of Trip)	Purpose of Travel	Mileage
Total Miles >		

***Following to be completed by the Area 24 Treasurer***

Date Paid:	Amount Paid: \$	Check Number:
Treasurer's Signature:		