

EXPENSE REPORT

Central Ohio Service Intergroup of Overeaters Anonymous, Inc.

"Service Is Its Own Reward"

P.O. Box 14268

Columbus, OH 43214-0268

** Please submit expense reports within 30 days **

Name: _____ Date: _____

Signature of Chair or Officer: _____

Make check payable to: _____

Address: _____

City, State, Zip: _____

Item	Amount	Description *
Postage		
Copies		
Supplies		
Personal car expenses		
Mileage (_____ miles x rate) **		
Rental car		
Travel / air / bus, etc.		
Meals		
Lodging		
Other:		
Other:		
Other:		

Total _____

** Please attach receipts and all pertinent information*

*** Current mileage reimbursement rate:*

Date: _____

Check no: _____

Amount: _____