

**South Jersey Intergroup**

Submit with copies of ALL receipts.

REMINDER: Treasurer has copies of tax exempt certification. Please request and use.

Name \_\_\_\_\_ Service Position \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Event \_\_\_\_\_ Event Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Date	/ /	/ /	/ /	/ /	/ /	/ /	TOTAL
Transportation							
Airfare							
Train							
Rental vehicle							
Taxis							
Bus							
Tolls							
Parking							
Gas							
Other							
Event Registration							
Lodging							
Meals							
Other Expenses							
Photocopies							
Literature							
Total for Day							

Grand Total

\$ \_\_\_\_\_