

For Treasurer Use Only

Check No. _____

Amount \$ _____.

Date: ____ / ____ / ____

Issued/Mailed _____

**South Florida Area 15 – Panel 73
Check Request Form
treasurer@area15aa.org**

Date:	
Pay To The Order Of: (Name) and/or Committee:	
For the Purpose of:	
Mileage Total:	
Amount:	
Mailing Address City, State, Zip Code	
Signature:	

Treasurers Use ↓	
Check:	#
Date:	
Category:	

Mileage rate for 2024= \$.67