


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

Check below which form of payment you prefer. (Please select one)?

Zelle
Check

Please fill out all the information below and attach receipts.

Date:	
Check Pay To The Order Of: (Name) or Zelle account information: (email or phone #)	
Mailing Address City, State, Zip Code:	
Mileage Total:	
Amount:	
For the Purpose of:	
Signature:	

Treasurers Use	
	
Check:	#
Date:	
Category:	

Mileage rate for 2024= \$.67