

**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 2023= \$.655