

**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:<br>(Name)<br><br>and/or Committee: |  |
| For the Purpose of:                                     |  |
| Mileage Total:  |  |
| Amount:   |  |
| Mailing Address<br><br>City, State, Zip Code            |  |
| Signature:  |  |

|                            |   |
|----------------------------|---|
| <b>Treasurers Use</b><br>↓ |   |
| Check:                     | # |
| Date:                      |   |
| Category:                  |   |

Mileage rate for second half of 2022 = \$.625