

Outreach Project Reimbursement Form

Date: _____ Group name: _____
Contact: _____ Phone: _____

Amount requested: _____ (up to \$250)
(For higher amounts, submit proposal to District business meeting for approval by GRs)

Literature, other materials purchased:

Description of Project:

Total of Attached Receipts: _____

*Support for Success can be found in the **2026-2029 Al-Anon/Alateen Service Manual** under **Public Outreach** (pgs.116-126) and in pamphlet **"Attracting and Cooperating"**.*

Reimbursement check payable to: _____

Mailing Address _____

Return to: **Literature Depot Attn: Treasurer** or mail to: **District 6 Oregon Area AFG**
P O Box 70232
Springfield OR 97475

(For Treasurer Use)

Amount paid: _____ Date: _____ Check #: _____