NIA Reimbursement Request - Panel 74 Receipts are required, pdf format is preferred. Do not use this form after 12/31/2025						
REQUESTER:						
Name: Address:				Request date:		
Phone: Email:			_	Servic	e Position:	
-			-) EV/ENIT.
CHECK TO BE MAILED TO:				ACTIVITY OR EVENT:		
Address:			_	Date of activity or event:		
Phone: Email:			_	Name of activity or event:		
Date of Expense	Primary Purpose Activity #:*	Description of Expense	# of Miles **	Qty	Cost each	Subtotal
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Mail to:	Northern Illinois Area, Ltd.			Subtotal: \$ -		
		P.O. Box 808			Less NIA Contribution:	
l		Streamwood, IL 60107-2971			Less 7th Tradition:	
I			-		Other:	
Email to:		treasurer@aa-nia.org			Total Requested:	
* Primary Purpose Activity Number can be found on the aa-nia.org website \$0.67 per mile						