

## NIA Reimbursement Request - Panel 76

*Receipts are required, pdf format is preferred. Do not use this form after 12/31/2027*

### REQUESTER:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Request date: \_\_\_\_\_

Service Position: \_\_\_\_\_

### CHECK TO BE MAILED TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### ACTIVITY OR EVENT:

Date of activity or event: \_\_\_\_\_

Name of activity or event: \_\_\_\_\_

Date of Expense	Primary Purpose Activity #:*	Description of Expense	# of Miles **	Qty	Cost each	Subtotal

Mail to: Northern Illinois Area, Ltd.  
P.O. Box 95174  
Palatine, IL 60095

Email to: treasurer@aa-nia.org

<b>Subtotal:</b>	
<b>Less NIA Contribution:</b>	
<b>Less 7th Tradition:</b>	
<b>Other:</b>	
<b>Total Requested:</b>	

\* Primary Purpose Activity Number can be found on the aa-nia.org website

\*\* Current Mileage Reimbursement = \$0.725 per mile