

# Area 18 Budget Request Form

**Budget Year:** \_\_\_\_\_  
**Committee / Service Entity:** \_\_\_\_\_  
**Request Submitted By:** \_\_\_\_\_  
**Position / Role:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_

## Purpose of Request

Please clearly describe the purpose of this budget request. Explain how the requested funds support A.A. service work within Area 18 and how they align with the A.A. Traditions and Concepts.

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## Category of Request

(Select one)

- Standing Committee Operations
- Special Workshop(s)
- District Support Activity
- Service Project / Initiative
- Other (please specify): \_\_\_\_\_

## Special Workshops/Presentations (if applicable)

*Note: Area Meetings and Area Assemblies are excluded from this form. This section is intended for special or one-time workshops/presentations only.*

**Workshop/Presentation Title:** \_\_\_\_\_  
**Proposed Date(s):** \_\_\_\_\_

**Location (City / Venue or Virtual):** \_\_\_\_\_

**Target Audience:** \_\_\_\_\_

## **Workshop/Presentation Description**

Briefly describe the workshop/presentation, its objectives, and expected outcomes.

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## **Itemized Budget Request**

Please provide a detailed breakdown of anticipated expenses. Attach additional pages if necessary.

<b>Expense Category</b>	<b>Description</b>	<b>Estimated Cost</b>
Phone		\$
Postage		\$
Copying		\$
Office Supplies		\$
Office Rent		\$
Workshop		\$
Literature		\$
Travel		\$
Miscellaneous (under \$50)		\$

**Total Amount Requested:** \$ \_\_\_\_\_

## **Cost Justification**

Explain why these costs are necessary and reasonable. Include any cost-saving measures considered.

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## Prior-Year Comparison (if applicable)

Was a similar request approved in a prior year?

- Yes  No

If yes, please provide the prior-year approved amount and note any significant differences.

**Prior-Year Amount:** \$ \_\_\_\_\_

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## Additional Funding Sources

Please indicate whether other funding sources will be used.

- District Funds
- Contributions / Donations
- Participant Fees
- None
- Other: \_\_\_\_\_

If applicable, explain:

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## Approval Signatures

**Finance Committee Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Finance Committee Vice-Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Area Treasurer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit this completed form with any supporting documentation to the Area Finance Committee by the established budget deadline.*

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