ENGLISH/INGLES

MID-SOUTHERN CALIFORNIA AREA 09

ANNUAL BUDGET REQUEST FORM

Please type or print clearly and return to Finance Committee Chair, Alan D., via hard copy or electronically (finance@msca09aa.org and cc: treasurerap@msca09aa.org) no later than: ***September 30, 2026***

DATE:	/ /	**BUDGET YEAR:**	20_____	**REQUESTED BUDGET AMOUNT:** *(As per the "TOTAL OF ALL ESTIMATED EXPENSES" at bottom of page.)*	**$**

CONTACT INFORMATION

NAME:	**PHONE #:**	**EMAIL:**

COMMITTEE BUDGET LINE

Please checkmark the following, along with the applicable committee below.

ENGLISH COMMITTEE CHAIR _____ **SPANISH COMMITTEE CHAIR** _____

COMMITTEE:

ENGLISH AND SPANISH DESIGNATED COMMITTEES

- ☐ Accessibilities
- ☐ Cooperation with the Elderly Comm.
- ☐ Coffee & Healthy Foods
- ☐ Communications
- ☐ Convention Liaison
- ☐ Corrections
- ☐ Cooperation with the Professional Comm.
- ☐ District Committee Member School
- ☐ General Service Representative School
- ☐ Literature
- ☐ Public Information
- ☐ Remote Communities
- ☐ Treatment

ENGLISH DESIGNATED COMMITTEES ONLY

- ☐ Archives
- ☐ Finance
- ☐ Guidelines and Policies
- ☐ Grapevine
- ☐ Newsletter
- ☐ Registration
- ☐ Sound
- ☐ Technology
- ☐ Young People in A.A.

SPANISH DESIGNATED COMMITTEE ONLY

- ☐ La Vina

OFFICER:

- ☐ Delegate
- ☐ Alternate Delegate
- ☐ Chair
- ☐ Secretary
- ☐ Treasurer Accounts Payable (AP)
- ☐ Treasurer Accounts Receivable (AR)
- ☐ Registrar

For clarification and calculation of annual total budget expenses, please provide the following information.

ESTIMATED ANNUAL BUDGET EXPENSES

	DESCRIPTION			**DOLLAR AMOUNT**
(1)	Equipment:	*(Description of Equipment)*		$
(2)	Copying/Copies:			$
(3)	'Committee Related' Literature / Publications:			$
(4)	Supplies/ Materials:	*(Description of 'Supplies/Materials')*		$
(5)	Software:	*(Description of 'Software' and Estimated Expense Amount)*		*Total of 'Software'*
		1	$	$
		2	$	
(6)	Mileage *(Area approved event)*:	# of miles _____ @ $.37 per mile		$
(7)	Other: *(For Example: Other budgeted service position project, Area approved event - registration, parking, hotel, transportation)*	*(Description of 'Other' and Estimated Expense Amount)*		*Total of 'Other'*
		1	$	$
		2	$	
		3	$	
		4	$	
		5	$	
		6	$	
	TOTAL OF ALL ESTIMATED EXPENSES: *(Total should match the above "REQUESTED AMOUNT" at top of page.)*			**$**