

## Greater Missouri Area of C.A.

## **Tax Exempt Certificate Use Request**

Date	
Name:	
Committee:	
Purpose of request:	
Is this a fundraising event? Yes / No	
Expense Amount (est.):	
<ol> <li>A final report of expenses related to this request must be submitted to the are of event. Failure to comply will result in future request being denied.</li> <li>The Missouri Area Tax Exempt certificate cannot be used for personal purchas</li> <li>Do not photocopy or distribute this certificate.</li> <li>The Tax Exempt certificate must be promptly returned to your area finance ch</li> </ol>	es.
At the end of the event a reconciliation of income and expenses needs to be forwarde Chair of the Area. A copy of this reconciliation should be available to all members of Service Committee and/or Intergroup.	
Request approved/denied	
(if denied, give reason)	
Date:	

Finance Chair:\_\_\_\_\_