

THE LONDON AREA OF



NARCOTICS ANONYMOUS

**G.S.R. REPORT FORM**

NAME OF THE GROUP: \_\_\_\_\_

NAME OF G.S.R.: \_\_\_\_\_

DATE: \_\_\_\_\_

THE FOLLOWING INFORMATION SHOULD BE INCLUDED WITH YOUR REPORT

**BEGINNING BALANCE** (Ending balance from last month) \$ \_\_\_\_\_

**INCOME:**

• COLLECTION: \$ \_\_\_\_\_

• LITURATRURE: \$ \_\_\_\_\_

• OTHER: \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

**EXPENSES:**

• RENT: \$ \_\_\_\_\_

• SUPPLIES: \$ \_\_\_\_\_

• ASC CONTRIBUTION: \$ \_\_\_\_\_

• LITERATURE: \$ \_\_\_\_\_

• OTHER: \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**ENDING BALANCE:** \$ \_\_\_\_\_