

**RECOVERY INTERNATIONAL Monthly Verification of Voluntary Contribution**

Area Name and Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

	Meeting Date mm/dd/yy	Number of Attendees	Amt Collected	Initials of Verifiers (2 per meeting)
Meeting 1				
Meeting 2				
Meeting 3				
Meeting 4				
Meeting 5				
Monthly Total:				

Names & Telephone Numbers of Verifiers Corresponding to Initials: (2 per meeting)

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Comments: