

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)

Comments: