

RCM Report for Arkansas Regional Committee of Narcotics Anonymous				
<b>Date:</b>			<b>Area:</b>	
<b># of Meetings:</b>			<b># of Groups:</b>	
<b>H&amp;I Meetings:</b>				
<b>Names of Trusted Servants:</b>				
<b>PR Activity:</b>				
<b>Other Activities:</b>				
<b>Specific Problems or Situations:</b>				
<b>Assets/ Strengths:</b>				
<b>Update to History of NA in your Area:</b>				
<b>Plans for the coming year:</b>				

## ARSCNA Meeting Note

<b>Date:</b>			
<b>Time:</b>		<b>Location:</b>	

Reports	Notes
<b>Secretary</b>	
<b>Treasurer</b>	
<b>RD/RDA &amp; Zone update</b>	
<b>RCM/Area News</b>	<b>ARVANA</b>
	<b>AWOL</b>
	<b>CENTRAL</b>
	<b>CRANA</b>
	<b>FUACNA</b>
	<b>NWAANA</b>
	<b>ORACNA</b>

<b>Old Business</b>	<b>Motion #:</b>
	<b>Motion #:</b>
<b>Open Share</b>	
<b>Subcommittee &amp; Coordinator Reports</b>	<b>Convention:</b>
	<b>Guidelines &amp; Policy:</b>
	<b>Phoneline:</b>
	<b>Adhoc:</b>
<b>New Business</b>	<b>Treasury Request:</b>
	<b>Motion:</b>
	<b>Motion:</b>
<b>Next Meeting</b>	<b>Dates:</b>
	<b>Location:</b>
	<i>(Did you pick up the flyer? Book a room if necessary. Share accommodations with someone?)</i>
<b>Final Treasurer Report</b>	

Acknowledgement of Responsibility & Restitution Agreement

I, \_\_\_\_\_, agree to assume responsibility for any money-handling in my volunteer position with the \_\_\_\_\_ Committee.

It is my intent to accept full responsibility for handling cash, checks, charges or other revenue generating transactions within my volunteer services.

I understand that it is a requirement of the Committee that as a trusted servant, I read and agree to this Acknowledgement prior performing duties related to money handling.

I sign and agree to this acknowledgement of my own free will and under no duress.

I understand that NA funds are not to be used for any form of personal use, and that to do so constitutes misappropriation.

I understand that should I be suspected of misappropriation of funds, I may be asked to surrender my service position pending investigation.

Should I be found to have misappropriated funds, I agree to return such funds to the Committee.

I understand that the matter might be turned over to the local law enforcement authorities, at the discretion of the Committee.

Signed this, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

APPENDIX H-ARSCNA Reconciliation Report

Reconciliation Report (this form can be accessed at arscna.org)							
Name: _____		Date of Request: _____					
Event/Purpose: _____		Date of Event: _____					
Location: _____		Amount Advanced: _____					
Meal and tip allowance shall not exceed \$60 per day & must be accompanied by a receipt.							
<b>** PLEASE ATTACH ALL RECEIPTS **</b>							
	Date	Days (including travel days)	Travel (not mileage)	Lodging	Meal/Tip	Notes	Daily Total
<b>EXAMPLE</b>	1/27/2022	Friday	\$325.00	\$121.50	\$30.00	\$315.00 Airfare; \$10.00 Rideshare	\$476.50
		Thursday					
		Friday					
		Saturday					
		Sunday					
<b>OTHER DAYS</b>							
		<b>Totals:</b>					
<b>TRAVEL FUNDS REQUEST ONLY</b>	Odometer reading at beginning of trip: _____				Odometer reading at arrival at event location: _____		
	Odometer reading at beginning of return trip: _____				Odometer reading at end of trip: _____		
<b>OTHER FUNDS REQUESTED</b>	<b>Item</b>	<b>Purpose</b>			<b>Outcome</b>		<b>Amount</b>
<b>EXAMPLE</b>	Printing	Phoneline Workshop materials (xyz Area)			15 packets created; 8 people attended		\$45.45
					<b>Totals:</b>		
I hereby certify the above is true and correct.							
Signed: _____		Date: _____					
(Requestor)							
<b>DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY TREASURER</b>							
Mileage Total: _____		x _____		per mile = _____			
				Travel Expenses Total: _____			
				Other Expenses Total: _____			
				<b>TOTAL EXPENSES:</b> _____			
				Amount Advanced: _____			
				- Total Expenses: _____			
				- Amount Returned: _____			
				Discrepancy: _____			
I hereby certify the above is true and correct. (Only trusted servants without a conflict of interest with the requestor should sign.)							
Signed: _____		Date: _____					
RSC Treasurer							
Signed: _____		Date: _____					
elected RSC Trusted Servant							



## Arkansas Regional Service Committee of Narcotics Anonymous

That no addict seeking recovery need ever die from the horrors of addiction without knowing that there is a better way of life

[www.arscna.org](http://www.arscna.org)

(800) 338-8750

1310 Eastside Centre Ct 6 216, Mountain Home, AR 72653

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Dear

Thank you for contacting Narcotics Anonymous of Arkansas, we are pleased to receive a letter from you. We have sent a Basic Text to you in the facility that you are staying in, if the facility allows literature to be sent. We suggest reading this book to find our message of hope while you are incarcerated. Our message is that an addict, any addict, can stop using drugs, lose the desire to use, and find a new way to live. Narcotics Anonymous is a program of complete abstinence from any mood changing, mind altering substances. Members go to Narcotics Anonymous meetings, work the 12 steps with a sponsor, and are of service to others; you are a member when you say you are.

At a meeting of Narcotics Anonymous we read specific readings at the beginning of the meeting; Who is an Addict, What is the NA Program, Why Are We Here, How it Works, The Twelve Traditions of NA, Just for Today and We Do Recovery. All of these readings can be found in the Basic Text, in italics, at the beginning of each of those chapters. We share our experience, strength and hope. A meeting is two addicts sharing and can be done while in the facility that you are in.

We have attached an application for our monthly newsletter Reaching Out. If you would like to receive this newsletter during your incarceration, please fill out and send into the address on the application.

Thank you once again for reaching out. Being a part of this fellowship means you are never alone. This is a "we" program and getting to a meeting your first day out upon release can give you a better shot at recovery by connecting with other addicts. Our state meeting list can be found at [arscna.org](http://arscna.org). We hope to see you soon!

Sincerely,

Arkansas Region of Narcotics Anonymous  
Help Line 1-888-501-1607

# Order Form

*Reaching Out* is a quarterly, recovery-oriented newsletter made available free of charge to incarcerated addicts through Narcotics Anonymous World Services. If you will be incarcerated for at least six more months and would like a free subscription to *Reaching Out*, complete and return the following form.

***Reaching Out* is also available in a printer-ready format, for free download at [www.na.org/reachingout](http://www.na.org/reachingout)**

*Reaching Out* is also available by a 20-copy bulk subscription at a cost of \$38.05 annually. If you are interested in purchasing a bulk subscription, please complete the following form and return it along with a check or money order.

- I am an incarcerated addict (and will be for at least six more months) and want a free subscription to *Reaching Out*.
- I want to purchase \_\_\_\_\_ 20-copy bulk subscriptions of *Reaching Out* @ \$38.05 each, total \$ \_\_\_\_\_.

Name \_\_\_\_\_

Identification Number \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

### Attention Inmates

If you are relocating and your mailing address changes while you are incarcerated, please update your new address with us so that

we can maintain your subscription to *Reaching Out*.