

**NARCOTICS ANONYMOUS  
PASSAIC COUNTY AREA SERVICE COMMITTEE**

**GROUP REPORT**

**Group / Name** \_\_\_\_\_

**Group / Location** \_\_\_\_\_

**Format** \_\_\_\_\_

**Day / Time** \_\_\_\_\_

**Date** \_\_\_\_\_

**GSR/GSRA** \_\_\_\_\_

**GROUP FINANCIAL REPORT**

**Starting Balance** \_\_\_\_\_

**Literature Purchase** \_\_\_\_\_

**Donation to Area** \_\_\_\_\_

**New Balance** \_\_\_\_\_

**Reserve** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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\_\_\_\_\_  
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**THANKS FOR CARING ENOUGH TO SHOW UP**

