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## STL Bi-state Intergroup -- Reimbursement Request

Note: All requests must have receipts attached.

Date \_\_\_\_\_ Event \_\_\_\_\_

Amount of reimbursement \_\_\_\_\_ Requested by \_\_\_\_\_

Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone and/or email \_\_\_\_\_

Description of expense \_\_\_\_\_

Submitter's Signature \_\_\_\_\_ Approved by \_\_\_\_\_

Amount approved \_\_\_\_\_ Approver's Signature \_\_\_\_\_

Check Issued date \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ Check Issued \_\_\_\_\_

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