
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 Treasurer	_____
Amount approved	_____	Signature	_____
Check Issued date	_____	Check #	_____
	_____	Check Issued	_____
