

R6 Treasurer PO Box 95 Lynbrook, NY 11563 <u>Treasurer@OARegion6.org</u>

EXPENSE REQUEST COVER SHEET

Prepare a separate report for each event or activity charged.

Re	quest for	uest for Reimbursement. uest for Funding ounting for funds already received Name of Intergroup: (if applicable)					
Check ONE:Co	E:Committee Expense Officer Expense		.R6 Assembly ScholarshipWSBC Scholarship Travel Expense OTHER		rshipPI	Blitz blease specify)	
Scan and attach via	email all	receipts, bills, air	rline tickets, and other	supporting expense do	cumentation.		
For travel expenses, indicate the destination, and arrival and departure dates.							
For mileage, indicate the total number of miles x \$.67 per mile.							
Under "Category", list the following area (if applicable): transportation, hotel, meals, telephone, postage, duplication/printing, other (brief description).							
PLEASE NOTE: ALL SCHOLARSHIP & PI BLITZ FUNDS ARE ISSUED TO THE INTERGROU Category Date Purpose & General Description						Amount	
Category		Date	ruipose	a General Description	Ori	Amount	
Total Amount to be Reimbursed						\$	
						,	
Claimant's Name:				Phone Number:			
Name & Address to whom check should be mailed:							
For quickest reimbursement, complete form, and sign, scan all receipts and submit via e-mail to email address above. When no receipt is available, please explain (i.e. public transportation, gratuity, etc.). If you choose to submit via postal service, this signed cover sheet must be accompanied by all receipts. Submissions received via postal service may take up to 6 weeks to receive reimbursement.							
Claimant's Signature:			Date:				
Signature of Committee Chair (Committee Expenses Only):							