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| Logo, company name  Description automatically generated | | R6 Treasurer  4 Essex Center Dr, #3974  Peabody, MA 01961  [Treasurer@OARegion6.org](mailto:Treasurer@OARegion6.org) | | | | | |
|  | | **EXPENSE REQUEST COVER SHEET**  Prepare a separate report for each event or activity charged. | | | | | |
| **Check ONE: \_\_\_** Request for Reimbursement.  \_\_\_ Request for Funding  **\_\_\_** Accounting for funds already received | | | | **Name of Intergroup:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable) | | | |
| **Check ONE:** \_\_\_\_Committee Expense \_\_\_\_R6 Assembly Scholarship \_\_\_\_WSBC Scholarship \_\_\_\_PI Blitz   \_\_\_\_Officer Expense \_\_\_\_Travel Expense \_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify) | | | | | | | |
| Scan and attach via email all receipts, bills, airline tickets, and other supporting expense documentation.  For travel expenses, indicate the destination, and arrival and departure dates.  For mileage, indicate the total number of miles x $.67 per mile.  Under “Category”, list the following area (if applicable): transportation, hotel, meals, telephone, postage, duplication/ printing, other (brief description).  **PLEASE NOTE: ALL SCHOLARSHIP & PI BLITZ FUNDS ARE ISSUED TO THE INTERGROUP.** | | | | | | | |
| **Category** | | **Date** | **Purpose & General Description** | | | | **Amount** |
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| **Total Amount to be Reimbursed:** | | | | | | | **$** |
|  | | | | | | | |
| **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):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |