

# REQUEST FOR REIMBURSEMENT SLAA CONFERENCE COMMITTEES

Please print out form, fill out and mail to address below

## Guidelines:

1. The Finance Committee requests that this form be used for each reimbursement check requested.
2. Single items of expense in an amount greater than \$10.00 should be supported by a receipt attached to this form. Expenditures of \$500.00 or more require pre-approval by the Board of Trustees.
3. Please make requests for reimbursement within 30 days of the date of expenditure.
4. All requests for reimbursement must be approved by the committee chair.

Date of Receipt or Expenditure	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		<b>Total \$ _____</b>

Make checks payable to: (Please print)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Chair's Signature: \_\_\_\_\_

Mail to:  
The Augustine Fellowship  
Sex and Love Addicts Anonymous®  
Fellowship-Wide Services, Inc.  
1550 NE Loop 410, Ste 118  
San Antonio, TX 78209

Questions? Phone: (210) 828-7900  
[generalinfo@slaafws.org](mailto:generalinfo@slaafws.org)

Office Use Only:  
Shipped \_\_\_\_\_  
Via \_\_\_\_\_ Init. \_\_\_\_\_