## The Augustine Fellowship, Sex and Love Addicts Anonymous, Fellowship-Wide Services, Inc.



## **Request for Reimbursement Form**

## Who Can Use This Form?

Conference committee members, members of board committees/subcommittees or volunteers of the F.W.S. office may use this form to receive reimbursement for Calling cards, phone calls or other authorized items as agreed upon by Conference committee chairs, F.W.S. Office supervisor, Conference Finance Committee or the Board Finance and Operation Committee.

## **Guidelines:**

- 1. The Board Finance and Operating Committee (BFOC)/Conference Finance Committee (CFC) request 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.
- 5. Send completed form to CFC chair for Conference expenses and BFOC chair for Board expenses. All Conference committee expenses must be mailed or emailed to the CFC Chair directly from the committee chair in order to document that chair's approval.
- 6. Send form to the CFC via email to <a href="https://www.slaafws.org/cfc">https://www.slaafws.org/cfc</a>, by mail or by fax to the F.W.S. office via the address or fax number at the bottom of this page.

Date of Receipt or	Description	Amount
Expenditure		\$
		\$
		\$
	Total	\$
Make check payable	to (name)	
Send reimbursemen	t to (name)	
Address		
City/State/Postal Co	de/Country	
Committee Chair A	pproval (name)	
Office Use Only: Approved by	CFC or BFOC chairs/Name	
Date Check	Sent or Cash Paid	
Name/Title o	f F.W.S. Supervisor/BOT paying	

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