

OA BUDGET REQUEST FORM  
ST LOUIS BI-STATE AREA INTERGROUP

COMMITTEE Name \_\_\_\_\_

COMMITTEE Chairperson \_\_\_\_\_

Previous Year Allocation \_\_\_\_\_

Actual Expenditure \_\_\_\_\_

Please explain difference between actual and allocation if the amount spent was greater than the amount budgeted:

Current Budget Request \_\_\_\_\_

Please explain difference if current budget request differs from previous year request:

Date Submitted \_\_\_\_\_

Signature of Chairperson (or Acting chairperson): \_\_\_\_\_

Approved by Board of Trustees \_\_\_\_\_

Rejected by Board of Trustees \_\_\_\_\_

[Please resubmit with additional substantiation for requested amount or revised amount per comments below.]

Date Approved (or Rejected) \_\_\_\_\_

Authorized Board of Trustees signature:

\_\_\_\_\_

COMMENTS:

Please return to: St. Louis Bi-State Intergroup . 9907-E Gravois . St. Louis, MO. 63123  
or Email to Bistateoal@prodigy.net

Thank you for your prompt reply.