

OA BUDGET REQUEST FORM
ST LOUIS BI-STATE AREA INTERGROUP
FISCAL YEAR 2005 – 2006

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
by August 1, 2005 or Email to Bistateoa1@prodigy.net

Thank you for your prompt reply.