

## Overeaters Anonymous of Sacramento, Inc.

*Intergroup serving the counties of Amador, Butte, Calaveras, Colusa, El Dorado, Nevada,  
Placer, Sacramento, San Joaquin, Solano, Stanislaus, Sutter, Yolo and Yuba*

### EXPENSE REIMBURSEMENT REQUEST FORM

Intergroup Budget Category:	Request Total: \$
Requester's Name:	Intergroup Position:
Cellphone # <i>(preferred)</i> :	Email Address:

Date	Expense Description and/or Purpose	Vendor Name	Payment Type	Amount
Total:				

If a Travel Expense Claim, itemize cost totals for transportation, lodging, meals, and incidentals. Also, please note the following:

Start Date & Time:	
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End Date & Time:	
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**Attach all required receipts over \$5 to this document and send to:**  
**Overeaters Anonymous of Sacramento, Inc.**  
**PO Box 255085**  
**Sacramento, CA 95865**

**This form is available on the Intergroup website:**  
[www.sacvalleyoa.org](http://www.sacvalleyoa.org)  
*(go to Intergroup, then Documents)*  
**Questions? Send email inquiry to:**  
[otreasurer@sacvalleyoa.org](mailto:otreasurer@sacvalleyoa.org)