

**MIDSHORE INTERGROUP**  
**314 N. Washington St.**  
**Easton MD 21601**  
[treasurer@midshoreintergroup.org](mailto:treasurer@midshoreintergroup.org)

## **DISBURSEMENT REQUEST**

**Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Recipient Name/Address:** \_\_\_\_\_

\_\_\_\_\_

**Committee Name:** \_\_\_\_\_

**Budget Line Item:** \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_

**Reimbursement Receipt:** ☐ ATTACHED ☐ NO RECEIPT: please itemize expenses below. Provide dates, amounts, vendor name if available:

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**Submitted by:**

**Name:** \_\_\_\_\_

**Email/Phone #:** \_\_\_\_\_

Send completed form and receipts to Midshore Intergroup, PO Box 643, Easton MD 21641  
**OR** email to [treasurer@midshoreintergroup.org](mailto:treasurer@midshoreintergroup.org). Scans/photos of receipts are acceptable.