AMERICAN BAR ASSOCIATION
Request for Reimbursement of Expenses

Purpose of Expenditure: ☐ Meeting ☐ Other

Date January 4, 2005

Dates of Meeting January ____, ____, ____, ____, ____, ____, 200__
MONTH DAYS

Destination _____

Committee Name Standing Committee on Technology and Information Systems

Other Explanation:

Mailing Directions:

To be mailed to the Chair for approval and signature.

The Chair will then mail the form to:

Legal Technology Resource Center
American Bar Association
321 N. Clark Street, 17th Floor
Chicago, IL 60610

MEETINGS AND TRAVEL EXPENSE		
	ITEM AND DESCRIPTION	AMOUNT
TRANSPORTATION	Air (Coach rate: attach voucher) Name of Airline:	$
	Rail (Attach voucher)	
	To and from terminals (taxi, limousine, etc.)	
	Automobile: miles@.405 Parking $ Tolls $	
	Other (rental car, etc.) Explain and provide substantiation:	
LODGING AND MEALS (limited to $100 per day)(hotel or motel at single rates)(Attach voucher)		
INCIDENTALS(gratuities and other miscellaneous items)(Attach voucher for expenses exceeding $25.00)		
	Total Meetings and Travel Expense	$ $0.00
EXPENSE NOT RELATED TO MEETINGS AND TRAVEL		
Statement attached (telephone, postage, office expense, etc.)		$
	Total Reimbursement Requested	$ $0.00

Make check payable to (please type or print)

Name _____

INDIVIDUAL

Address

(CITY, STATE, AND ZIP CODE)

/ / / / / / / / / /
CONSTITUENT ID# **(REQUIRED)**

ABA TRAVEL SERVICE USED: ○ **YES** ◉ **NO**
If address indicated is different from your membership address, would you like your membership address changed? ○ **YES** ◉ **NO**

_____
(INDIVIDUALS SIGNATURE

The financial liability of the Association to any committee is limited to the funds credited to this on the financial records of the Association. (Bylaws Art. 27.5)

_____ _____
Chair's Signature Date

E		Fund		RESP					LOB							ACCT					Amount
																					$
																					$

_____
Staff Liaison Date