

Reimbursement Request Form

NOTE: Indicate only amounts to be reimbursed, not total expenses.

MEETING-RELATED EXPENSES:

Meeting Site: Meeting Date(s):

Specify the particular meeting attended (i.e. Fall/Spring Conference, Regional Conference, Board Meeting, Midyear/ Annual Meeting, Affiliate Outreach Meeting, etc.) and your role at the meeting (i.e. speaker, attendee).

Specific Meeting: Role at Meeting:

Air, Train or Bus (Attach voucher) Type of fare: \$

Automobile: miles @ 40.5/mi. = \$, Parking: \$, Tolls: \$ \$

Transportation To/From Destination Airports - Limited to \$20 total. (not applicable for AOP attendees) \$

Lodging and Meals (limited to \$100 per night, attach vouchers) No. of nights: \$

Total Meeting-Related Expenses \$

OTHER EXPENSES:

Indicate type of expense and YLD activity (i.e., specific committee, program) it relates to:

Type of Expense: YLD Activity:

Office Expenses: See Reimbursement Procedures and Rules on reverse side (attach invoice and other receipts)

Copies: copies at 4¢/copy (max. 100/copies) \$

Outgoing Telecopies: telecopies at \$ /page \$

Long distance telephone calls: \$

Other (identify type): \$

Other (identify type): \$

Total Office Expenses \$

CONTRIBUTION: To support the tax-deductible ABA Fund for Justice and Education, earmark \$25.00

of your reimbursement amount and help make a difference! (50% of your contribution goes to support the ABA Diversity Scholarship Fund, a program to help minorities obtain a legal education, and the other 50% goes for general FJE public service programming.) (-)\$

TOTAL REIMBURSEMENT REQUESTED \$

Make check payable to (please type or print):

I certify that this request complies with the Reimbursement rules on the reverse side of this form.

NAME:

ADDRESS:

(Individual's Signature)

PHONE:

(ABA Membership Number) - Please Note: Reimbursement cannot be processed without this information.

YLD Authorization:

(If applicable: Director's/Coordinator's Signature)

(Date)

(If applicable: Committee Chairperson's Signature)

(Date)

ABA Office Use Only:

Charge Account: \$

Charge Account: \$

Office Approval: