

STATE BAR OF TEXAS

Request for Reimbursement of Expenses

Date of Request

PURPOSE OF TRAVEL:

	From	-	To
Date(s) of meeting		-	
Date(s) of travel		-	
Location of meeting			

*Reimbursement Requests must be forwarded to
The Sections Department, State Bar of Texas, P.O Box 12487,
Austin, Texas, 78711*

Please complete areas highlighted in GREEN

MAKE CHECK PAYABLE TO:
(Name of Individual, Firm , or Company)

Barcard # (if applicable)

Name

Street Address

City, State and Zip

Telephone Number

STATE BAR APPROVAL

Date Approved for Payment: _____, 20____

(Officer, Committee Chair, Executive, Dept. Head, Other)

Finance Department

MEETINGS AND TRAVEL EXPENSE

Transportation Items and Descriptions			AMOUNT
Airfare	\$ -		\$ -
Speaker Airfare (TxBarCLE use only)	\$ -		\$ -
Car Rental & Fuel	\$ -		\$ -
Taxi / Limo Service	\$ -		\$ -
Parking & Tolls	\$ -	(\$0.575 Before January 1, 2016)	\$ -
Auto Mileage	@ \$ 0.540	=====>	\$ -
Other	\$ -	(Enter Description Here)	\$ -
Travel Subtotal			\$ -

Lodging and Meals Items and Descriptions				Daily Total
Date	Hotel	Meals	Non-Dues	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
Lodging & Meals Subtotal				\$ -

Expenses Not Related Travel, Lodging, or Meals			
Description		\$ -	\$ -

**** For State Bar Use Only ****

	\$ -	<=====	\$ -
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FUND-DEPT-ACCT	LOCATION	MDA	TOTAL
--50200-		-	\$ -
--50205-		-	\$ -
--50210-		-	\$ -
--50215-		-	\$ -
--50220-		-	\$ -
--50225-		-	\$ -
--50230-		-	\$ -
--50252-		-	\$ -
--50285-		-	\$ -
		-	\$ -
		-	\$ -
		-	\$ -

Total Reimbursement Requested

CERTIFICATION OF CLAIMANT

The above described expenses were incurred by me for the purpose stated. I have attached receipts for applicable expenditures (airlines, hotels, etc.), except in cases where receipt has been lost. I certify that this request is true, correct, and unpaid.

Signature of Claimant _____ Date _____

Enter Fund Code		Enter Location	
Enter Dept Code		Enter MDA	

