STATE BAR OF TEXAS



Request for Reimbursement of Expenses (NOTE: Reimbursement Policy on Reverse)

Purpose of Travel: Supreme Court Advisory Committee					To be completed and mailed to:		
Date(s) of meeting:							
State Barbard St					State Bar of Te Committees De	epartment	
Location of meeting:					P.O. Box 12487 Austin, Texas 78711-2487		
Make check payable to (please type or print):					STATE BAR APPROVAL		
Name Date					Date approved for payment:	, 20	
(INDIVIDUAL, FIRM OR COMPANY)							
Address (STREET ADDRESS OR P.O. BOX)					(Officer, Committee Chair, Executive, Dept. Head, Other)		
(CITY, STATE AND ZIP CODE)						Department	
• •	ATTENTION: RE	CEIPTS FOR PAID EXPEN	SES (LODGING, FLIG	HT, MEA	LS, ETC.) MUST ACCOMP	PANY THIS VOUCHER. • •	
MEE	TINGS AND TRA	VEL EXPENSE				AMOUNT	
	Airfare:					\$	
TION	Cab Fare To / From Airport:					\$	
TRANSPORTATION	Automobile: miles at .35/mile: \$ Parking: \$ Tolls:			Tolls: \$	\$		
NSP(Other (please describe):					\$	
TRA	*** ACTUAL REASONABLE EXPENSES *** (receipts must be attached)						
S7b	Date	Hotel	Meals		Daily Totals		
LODGING AND MEALS					•		
		\$	\$	\$			
		\$	\$	\$			
				L	odging & Meals Subtotal	\$	
					Total Travel Expenses		
EXPENSE NOT RELATED TO TRAVEL (telephone, postage, etc. – statement must be attached)						\$	
TOTAL REIMBURSEMENT REQUESTED							
		For Headquarters Use		¬	,	*	
Vendor # Coding:						N OF CLAIMANT	
purpose stated. I have at expenditures (airline, hotels					es were incurred by me for the		
						attached receipts for applicable els, etc.), except in cases where I certify that this request is true	
					ceipt has been lost. I ce		
	<u>-</u>	<u> </u>	\$				
SIGNATURE OF CLAIMANT						DATE	
		GRAND 1	TOTAL \$				