

AALS, an association for legal professionals

EXPENSE REIMBURSEMENT REQUEST

_____			_____
Name			Date of Request
_____			_____
Address (street or PO Box)			Office or Committee
_____			\$ _____
_____	_____	_____	Grand Total of Reimbursement Requested
City	State	Zip Code	

(Itemize categorically (showing separate totals) miscellaneous expenses, i.e., postage, telephone, supplies, etc. Attach receipts.)

DATE	EXPENSE ITEM / INVOICE #	COST	TOTAL
GRAND TOTAL			

Mail Check to (if different from above):

Signature

Approved by President:

/S/ _____

Date: _____

Date Paid: _____

Check # _____

SUBMIT ORIGINAL TO PRESIDENT; SUBMIT ONE COPY TO TREASURER WITH RECEIPTS ATTACHED. ATTACH ADDITIONAL SHEETS IF NEEDED.