



YOUNG LAWYERS DIVISION COMMITTEE EXPENSE REIMBURSEMENT REQUEST

Note: All reimbursement requests must be submitted on this form with supporting documentation attached within 30 days after the expense is incurred.

EXPENSES:

Activity: _____ Site: _____ Date: _____

Name of Service Provider:

_____\$ _____
_____\$ _____
_____\$ _____
_____\$ _____

Total Reimbursement Requested: \$ _____

Make Check Payable to: _____ Send Check to: _____

Firm Name: _____ Address: _____

I hereby certify that the amount of reimbursement claimed was incurred on behalf of the NBA YLD for the purpose noted and that this request is submitted in accordance with NBA YLD policies except as noted.

Print Name: _____ Signature: _____

NBA YLD Title/Position: _____

SUBMIT REQUEST TO THE NBA YLD TREASURER

Signature lines for NBA YLD Treasurer and Date of Final Approval