State Bar of Texas
July 2026 Local Bar Leaders Conference
Speaker Reimbursement Form

Please fill out this form completely, attach the original receipts/bills to this form and return by **September 4, 2026**

	Date of Request

State Bar of Texas Travel Reimbursement Form (Jul-Dec 2026)

Purpose of Travel:

July 2026 Local Bar Leaders Conference

	From	To
Date(s) of travel	7/22/2026	7/24/2026
Location of meeting	Westin Galleria, Houston, TX	

Reimbursement Policies and Procedures available at: texasbar.com/Reimbursement

PLEASE SEE BELOW FOR A LIST OF DEPARTMENTS and STAFF LIAISONS to receive your request

Please complete the highligted applicable areas and submit form within 45 days from the date of travel

MAKE CHECK PAYABLE TO:

(Name of Individual, Firm or Company)

Barcard # (if appicable)	
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

TRAVEL EXPENSES

Transportation			**AMOUNT**
Airfare	$ -		$ - 0
Speaker Airfare (TxBarCLE use only)	$ -		$ - 0
Car Rental & Fuel	$ -		$ - 0
Charter Bus Service	$ -		$ - 0
Taxi / Transportation Service	$ -		$ - 0
Parking & Tolls	$ -		$ - 0
Auto Mileage		@ $ 0.760 ==========>	$ - 0
Tips	$ -		$ - 0
Other Expenses / Description	$	-	$ - 0
		Travel Subtotal	**$ - 0**

Lodging and Meals

Date	***Hotel***	***Meals***	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	
Lodging & Meals Subtotal	**$ - 0**	**$ - 0**	**$ - 0**

Other Expenses

Description		$ -	**$ - 0**
Description		$ -	

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

$ - <=======> **$ - 0**

Total Reimbursment Requested

FUND-DEPT-ACCT	**LOCATION**		**AA**	**TOTAL**
-1-1650-50200-		-	3136	$ -
-1-1650-50205-		-	3136	$ -
-1-1650-50210-		-	3136	$ -
-1-1650-50220-		-	3136	$ -
-1-1650-50236-		-	3136	$ -
-1-1650-50215-		-	3136	$ -
-1-1650-50230-		-	3136	$ -
-1-1650-50225-		-	3136	$ -
-1-1650-50239-		-	3136	$ -
-1-1650-50252-		-	3136	$ -
-1-1650-50285-		-	3136	$ -
		-		$ -
		-		$ -
		-		$ -
Enter Fund Code			**Enter Location**	
Enter Dept Code			**Enter AA**	

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 is unavailable. I certify that this request is true, correct, and unpaid.

_____
Signature of Claimant **Date**

THANK YOU FOR YOUR SERVICE TO THE STATE BAR OF TEXAS.