

**State Bar of Texas
July 2022 Local Bar Leaders Conference
Speaker Reimbursement Form**

Please fill out this form completely, attach the original receipts/bills to this form and return by **August 31, 2024**

PURPOSE OF TRAVEL:		
July 2024 Local Bar Leaders Conference		
Date(s) of meeting	From <u>7/25/2024</u>	To <u>7/26/2024</u>
Date(s) of travel		
Location of meeting	<u>Westin Galleria in Houston</u>	
MAKE CHECK PAYABLE TO:		
(Name of Individual, Firm, or Company)		
Barcard # (if applicable)		
Name		
Street Address		
City, State and Zip		
Telephone Number		

Date of Request

Reimbursement Requests must be forwarded to the appropriate authorizing department for processing.

PLEASE SEE BELOW FOR A LIST OF APPLICABLE DEPARTMENTS

STATE BAR APPROVAL	
Date Approved for Payment: _____, 20____	
(Officer, Committee Chair, Executive, Dept. Head, Other)	
Finance Department	

MEETINGS AND TRAVEL EXPENSE				AMOUNT
Transportation Items and Descriptions				
Airfare	\$	-		\$ -
Speaker Airfare (TxBarCLE use only)	\$	-		\$ -
Car Rental & Fuel	\$	-		\$ -
Taxi / Limo Service	\$	-		\$ -
Parking & Tolls	\$	-		\$ -
Auto Mileage	\$	-	@ \$ 0.670 =====>	\$ -
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 *****				\$ -	=<=>	\$ -
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	