

Approved by: __

REIMBURSEMENT VOUCHER

ASSOCIATION OF LEGAL ADMINISTRATORS 8700 W. Bryn Mawr Avenue, Suite 610N Chicago, IL 60631-4600 +1-847-267-1252

Date Su	ubmitted:				
Name:	_				· · · · · · · · · · · · · · · · · · ·
Compai	ny/Firm Name: _				
Check (Name	Payable To: _ e & Address)				
Date	Eve	ent	Description of Expense	Account Code (ALA HQ use only)	Amount
			CHECK TOTAL		
Instruct	tions:				
2. 3. 4. 5.	Attach original r Attach the pass If at all possible	eceipts for expenger coupon e, keep expense requests must	rpe of expenses (e.g. airfare, hotel). bense items. of the airline ticket used in conjuncti es from the same event together. be submitted within 45 days of the o		^ year – end,
	These expense	s are valid and v	within the published guidelines of ALA	's Volunteer Travel Pol	icy.
	Signature				
HEADQUA	ARTERS USE ONLY		-		

_Date:___