

**NEW YORK STATE BAR ASSOCIATION**

Request for Reimbursement of Committee Travel Expenses

Expenses incurred by: \_\_\_\_\_

Dates of Meeting Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Expenditure \_\_\_\_\_

Committee Member \_\_\_\_\_ Officer \_\_\_\_\_ Speaker \_\_\_\_\_

Destination \_\_\_\_\_

Committee Name \_\_\_\_\_

**Mailing Directions:**

The completed form is to be mailed to:

**New York State Bar Association  
Accounting Department  
1 Elk Street  
Albany, NY 12207**

**MEETINGS AND TRAVEL EXPENSES**

ITEM AND DESCRIPTION		AMOUNT
TRANSPORTATION	Air (Coach rate: attach voucher) <u>Name of Airline:</u> _____	
	Rail (Attach voucher) _____	
	To and from terminals (taxi, limousine, etc.) _____	
	Automobile: Attach Mapquest _____ Mileage: (miles@.575) _____ Parking: _____ Tolls: _____	
	Other (rental car, etc.) Explain and provide substantiation. _____	
LODGING AND MEALS (Attach voucher)		
INCIDENTALS (gratuities and other miscellaneous items) (Attach voucher for expenses exceeding \$25.00)		
<b>Total Meetings and Travel Expense</b>		

Non-Speakers Maximum \$600

**Make check payable to (please type or print):**

Name \_\_\_\_\_  
(INDIVIDUAL // FIRM // COMPANY)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(CITY, STATE, AND ZIP CODE)

**"By signing below, I certify that I have read the NYSBA's Code of Conduct and that this expense report and the business I have conducted on behalf of the NYSBA comply with the Code of Conduct."**

\_\_\_\_\_  
(INDIVIDUAL'S SIGNATURE)

"Some or all of the documentary support attached consists of copies of the original receipts. Those originals are on file at \_\_\_\_\_ law firm/practice in \_\_\_\_\_ (city)."

**For NYSBA Use Only:**

Expense Allocation	Account	Amount
<b>Transportation</b>		
Airfare		
Rail		
Automobile		
Other		
Lodging		
Meals		
Incidentals		
<b>TOTAL</b>		<b>\$0.00</b>

Staff Liaison's Signature \_\_\_\_\_ Date \_\_\_\_\_