

Young Lawyers Division Expense Reimbursement Form

A. Reimbursement sought for (check one):

- YLD Board Meeting Expenses
- ABA Meeting Expenses
- YLD Committee/Project Expenses: _____
- Other: _____

B. The Meeting/Project date was: _____

C. The Meeting/Project was held at: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(Reimbursement check will be made payable and sent to the above name and address)

Expenses:

- a. Auto: _____ miles @ \$.55/mile: _____
- b. Plane Ticket: _____
- c. Parking: _____
- d. Airport Shuttle: _____
- e. Taxis/Cabs: _____
- f. Other: _____

Lodging:

- a. Hotel/Motel: _____

Meals:

- a. Place: _____

Administrative /Other:

- a. Telephone (include itemization): _____
- b. Photocopying/Printing: _____
- c. Postage: _____

SUBTOTAL _____

(-) \$200.00

TOTAL _____

This \$200.00 is subtracted for reimbursement which should be sought from the ABA for **Fall and Spring Conferences Only**. Please remember to seek this reimbursement from the ABA within 30 days of the meeting. If you believe that you are not eligible for this reimbursement from the ABA, please attach explanation.

Return this form and **all original receipts** to:

Ms. Kris Wenzel
State Bar of Wisconsin
PO Box 7158
Madison, WI 53707-7158
Direct: 608-250-6185; Fax: 608-257-5502; kwenzel@wisbar.org

| | | |
|---|---------------|----------------------|
| Please do not write in this box. | | |
| <u>Account Number</u> | <u>Amount</u> | |
| ____ - 4100 - ____ | \$ _____ | Approved: _____ |
| ____ - 4100 - ____ | \$ _____ | |
| ____ - 4100 - ____ | \$ _____ | Date: ____/____/____ |
| ____ - 4100 - ____ | \$ _____ | |