

**Lawyer Chapters Reimbursement Request Form**

**Instructions:** Please use a separate form for each check. Fill out the form and attach receipts. **No later than 30 days after your event**, submit by email to: [accountspayable@acslaw.org](mailto:accountspayable@acslaw.org) .

**I am a □ Speaker □ Chapter Leader**

**Chapter:**

**Event Title:**

**Event Date:**

**# of Attendees:**

**You must provide receipts for any expense for which you seek reimbursement.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amount Approved** | **Amount**  **Spent** | **Check should be made out to:**  **Sent to this mailing address:** |
| **Travel/Hotel Expenses** (list airfare, other travel, & hotel separately) |  |  |
| **Food and Drink** |  |  |
| Other (explain) |  |  |
| **Total** |  |  |

I hereby certify that I received **advance approval** of these expenditures by the ACS National Office and that all expenses are for ACS-related activities only.

**(Signature)**

**(Print Name, Chapter Position/Title, email address and phone number)**

* I am submitting photos (high resolution digital or color prints), to [LCemails@acslaw.org](mailto:LCemails@acslaw.org) .

**FOR ACS USE ONLY:**

Date Arrived: \_\_\_\_\_\_\_\_ Event Posted: \_\_\_\_SC/LC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to Admin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Approval: \_\_\_\_\_\_\_\_\_\_

Grant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_