

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.

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:
Travel/Hotel Expenses (list airfare, other travel, & hotel separately)			Sent to this mailing address:
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 <u>LCemails@acslaw.org</u>.

FOR ACS USE ONL	Y:			,
Date Arrived:	_ Event Posted:	SC/LC:	 	
Date to Admin:	Staff A	pproval:		
Grant(s):				_