**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: accounts payable@acslaw.org.

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I am a [ ] Speaker [ ] Chapter Leader

**Chapter:**

**Event Title:**

**Event Date:**

**# of Attendees:**

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

<table>
<thead>
<tr>
<th></th>
<th>Amount Approved</th>
<th>Amount Spent</th>
<th>Check should be made out to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel/Hotel Expenses (list airfare, other travel, &amp; hotel separately)</td>
<td></td>
<td></td>
<td>Sent to this mailing address:</td>
</tr>
<tr>
<td>Food and Drink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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 LEmails@acslaw.org.

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**FOR ACS USE ONLY:**

Date Arrived: ________ Event Posted: ___SC/LC: ____________________________

Date to Admin: ____________ Staff Approval: __________

Grant(s): ____________________________