**AMERICAN BAR ASSOCIATION - SECTION OF LABOR & EMPLOYMENT LAW**

Request for Reimbursement of Expenses - 2017

**Purpose for Expenditure:**

**Expenses incurred by:**

**Dates of Meeting**

- Start: ____________
- End: ____________

**Destination**

**Committee Name**

**Other Explanation**

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**Mailing Directions:**

Brad Hoffman, Director
American Bar Association
Section of Labor & Employment Law
321 N. Clark Street
Chicago, Illinois 60654-7598

**NOTE:** Requests for reimbursement must be submitted to the Section office within 30 days of the meeting.

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**ABA Member/non-member ID# (REQUIRED)**

**MEETINGS AND TRAVEL EXPENSES**

<table>
<thead>
<tr>
<th>ITEM AND DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air (Coach rate: attach voucher) Name of Airline:</td>
<td></td>
</tr>
<tr>
<td>Rail (Attach voucher)</td>
<td></td>
</tr>
<tr>
<td>To and from terminals (taxi, limousine, etc.)</td>
<td></td>
</tr>
<tr>
<td>Automobile: Mileage: (miles@.535) Parking: Tolls:</td>
<td></td>
</tr>
<tr>
<td>LODGING (Attach hotel voucher)</td>
<td></td>
</tr>
</tbody>
</table>

**ABA TRAVEL SERVICE USED?**

If address indicated is different from your membership address, would you like your membership address changed?

"By signing below, I certify that I have read the ABA’s Business Conduct Standards ("BCS") and that this expense report and the business I have conducted on behalf of the ABA comply with the BCS."

(INDIVIDUAL’S SIGNATURE)

The financial liability of the Association to any committee is limited to the funds credited to this on the financial records of the Association. (Bylaws Art. 28.5)

"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)."

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**HEADQUARTER'S USE ONLY**

<table>
<thead>
<tr>
<th>E</th>
<th>Fund</th>
<th>RESP</th>
<th>LOB</th>
<th>ACCT</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Staff Liaison’s Signature ____________ Date ____________