



REIMBURSEMENT VOUCHER

**ASSOCIATION OF LEGAL ADMINISTRATORS
 8600 W. Bryn Mawr Avenue, Suite 400N
 Chicago, IL 60631-4600
 +1-847-267-1252**

Date Submitted: _____

Name: _____

Company/Firm Name: _____

**Check Payable To:
 (Name & Address)**

Date	Event	Description of Expense	Account Code (ALA HQ use only)	Amount
CHECK TOTAL				

Instructions:

1. Use a separate line for each type of expenses (e.g. airfare, hotel).
2. Attach original receipts for expense items.
3. Attach the passenger coupon of the airline ticket used in conjunction with this expense.
4. If at all possible, keep expenses from the same event together.
5. Reimbursement requests must be submitted within 45 days of the event or by the calendar year – end, whichever occurs first.

These expenses are valid and within the published guidelines of ALA’s Volunteer Travel Policy.

Signature

HEADQUARTERS USE ONLY

Approved by: _____ **Date:** _____