



Expense Reimbursement Request

Please use this form to request reimbursements from the LCBA for bar association activities.

* Indicates required answer.

Email: *

LCBA Activity or Committee Name: *

Name of Event (if applicable): *

Date of Event: *

Describe Expense: *

Amount: *

Make Checks Payable to: *

Complete Mailing Address: *

10 Digit Phone Number: *

You must attach receipts to your email for reimbursements to be approved. Please make sure they are legible. Reimbursements are usually mailed within 10 days from when the request is received.

Date Paid : _____

Check #: _____