State Bar of Texas
July 2022 Local Bar Leaders Conference
Speaker Reimbursement Form

Please fill out this form completely, attach the original receipts/bills to this form and return by **September 1, 2025**

Date of Request

PURPOSE OF TRAVEL:

July 2025 Local Bar Leaders Conference

	From		To
Date(s) of meeting	7/24/2025	-	7/25/2025
Date(s) of travel		-	
Location of meeting	Westin Galleria in Houston		

Reimbursement Requests must be forwarded to the appropriate authorizing department for processing.

PLEASE SEE BELOW FOR A LIST OF APPLICABLE DEPARTMENTS

MAKE CHECK PAYABLE TO:

(Name of Individual, Firm , or Company)

Barcard # (if appicable)	
Name	
Street Address	
City, State and Zip	
Telephone Number	

STATE BAR APPROVAL

Date Approved for Payment:_____, 20_____

_____
(Officer, Committee Chair, Executive, Dept. Head, Other)

_____
Finance Department

MEETINGS AND TRAVEL EXPENSE

Transportation Items and Descriptions			AMOUNT
Airfare	$ -		$ -
Speaker Airfare (TxBarCLE use only)	$ -		$ -
Car Rental & Fuel	$ -		$ -
Taxi / Limo Service	$ -		$ -
Parking & Tolls	$ -		$ -
Auto Mileage		@ $ 0.700 ==========>	$ -
Other	$ -	(Enter Description Here)	$ -
		Travel Subtotal	**$ -**

Lodging and Meals Items and Descriptions				*Daily Total*
Date	***Hotel***	***Meals***	***Non-Dues***	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
Lodging & Meals Subtotal	**$ -**	**$ -**	**$ -**	**$ -**

Expenses Not Related Travel, Lodging, or Meals			
Description		$ -	**$ -**

***** For State Bar Use Only *****	**$ -**	<=======>	**$ -**
			Total Reimbursment Requested

FUND-DEPT-ACCT	LOCATION		MDA	TOTAL
--50200-		-		$ -
--50205-		-		$ -
--50210-		-		$ -
--50215-		-		$ -
--50220-		-		$ -
--50225-		-		$ -
--50230-		-		$ -
--50252-		-		$ -
--50285-		-		$ -
		-		$ -
		-		$ -
		-		$ -

CERTIFICATION OF CLAIMANT

The above described expenses were incurred by me for the purpose stated. I have attached receipts for applicable expenditures (airlines, hotels, etc.), except in cases where receipt has been lost. I certify that this request is true, correct, and unpaid.

_____
Signature of Claimant Date

Enter Fund Code			**Enter Location**	
Enter Dept Code			**Enter MDA**	