

All reimbursements will be made in accordance with standards adopted by the Board of Directors.



LOUISIANA BAR FOUNDATION
FUNDING CIVIL LEGAL AID

Expense Reimbursement Request Form

Must be returned in 60 days to ensure reimbursement.

TYPE OF ACTIVITY:

[ ] Board of Directors [ ] Committee [ ] Other

Specific Activity: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

EXPENSES:

(1) Travel

- a. air, bus, rail (please attached receipt or copy of ticket) \$
b. private auto travel @ 65.5¢ per mile \$
c. miscellaneous (parking, taxi, rental car, etc.) \$
Subtotal (1) \$

(2) Other (maximum of \$175/day if overnight stay is required, includes hotel; maximum \$75/day without hotel stay\*)

- a. Hotel (please attach original receipt) \$
b. Meals (\$50/day maximum; please attach original receipts) \$
c. Miscellaneous (please specify and attach original receipts) \$
Subtotal (2) \$

TOTAL \$

Remittance Information: (If you have received payment from LBF after September 1, 2023 please do not fill out banking information below.)

Routing:
Account Number:

Bank Name:
Checking/Saving:

Submitted by: Date:

\*Hotel maximum is waived in the event of submitter acting as an agent for LBF or invited as liaison/special guest/etc. at a speaking engagement. Please reach out to our Finance department if you have any questions.

Approved by: \_\_\_\_\_

Charge to: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check No. \_\_\_\_\_

Account No. \_\_\_\_\_

RETURN THIS FORM TO:
LOUISIANA BAR FOUNDATION
1615 Poydras Street, Ste. 1000
New Orleans, LA 70112