

PBA Professional Liability Committee Expense Form

For use exclusively for reimbursement of expenses related to the presentation of Avoidance of Legal Malpractice Seminars (ALMS)

Seminar Location: _____ Date and Time: _____

Name & Mailing Address:

Expenses:

Mileage from _____ to _____ & return = _____
miles. To be reimbursed at the rate of \$0.46 per mile. \$ _____
Please attach Google Maps or MapQuest directions.

Tolls: \$ _____
(receipt must be attached)

Lodging: _____
Date: _____ \$ _____
(receipt must be attached)

Meals: _____ \$ _____
(itemized receipt must be attached)
*Please note: no reimbursement for alcoholic beverages

Total \$ _____

Date submitted: _____
(Signature)

Instructions:

1. Print and fill out form.
2. Email to gabriele.millerwagner@pabar.org OR mail to:
PBA – County Bar Services Department
P.O. Box 186
Harrisburg, PA 17108
3. Expenses will not be reimbursed without original receipts. Please be sure to maintain a copy of this form and the receipts for your records.