

# 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 \$0.41 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](mailto: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.