



PBA PROFESSIONAL LIABILITY COMMITTEE EXPENSE REIMBURSEMENT REQUEST FORM

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

SEMINAR INFORMATION

SEMINAR LOCATION:

SEMINAR LOCATION ADDRESS:

*Please attach Google Maps or
MapQuest directions*

SEMINAR DATE:

SEMINAR TIME:

NO. OF ETHICS CLE CREDITS:

PRESENTER INFORMATION

NAME OF PRESENTER:

MAILING ADDRESS:

EMAIL ADDRESS:

EXPENSES

BEGINNING MILEAGE:

ENDING MILEAGE:

TOTAL MILES: \$0.49 per mile TOTAL COST OF MILEAGE: \$

TOLLS *(receipt must be attached)* TOTAL COST OF TOLLS: \$

TOTAL REQUEST: \$

DATE SUBMITTED:

SIGNATURE:

INSTRUCTIONS

Email completed form and receipts to Sandra.graver@pabar.org.

*Expenses will not be reimbursed without original receipts.
Please be sure to maintain a copy of this form and the receipts for your records.*