**STATE BAR OF ARIZONA**
**YLD REIMBURSEMENT FORM**

**NAME:** _____ **DATE SUBMITTED:** _____

**Lodgings/Meals**

| Date | Purpose of Trip | Destination | Department-Expense Code | Amount |
|---|---|---|---|---|
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**Mileage, Airfare, Taxi, Car Rental, Parking**

| Date | Number of Miles | Destination | Department-Expense Code | Amount |
|---|---|---|---|---|
| | | | | |
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**YLD Programs Expenses**

| Date | Program Name | Description Of Expense | Department-Expense Code | Amount |
|---|---|---|---|---|
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|---|---|
| **Total Expenses:** | |
| **Less Advance Received:** | |
| **Amount Due:** | |

**I certify that the above information is accurate and in compliance with State Bar policies and procedures.**

Signature: Date:

Approver's Signature: Approved Date:

**NOTE: ALL ITEMS MUST HAVE ORIGINAL RECEIPTS ATTACHED TO THIS FORM.**