

THE WEST VIRGINIA STATE BAR TRAVEL REIMBURSEMENT REQUEST

For travel to: _____

Date(s): _____

Meeting/Project: _____

TRANSPORTATION

_____ miles, personal auto/Airfare (Rate \$.) \$ _____

Other: Parking/Ground Transportation \$ _____
(Attach Receipts)

TRANSPORTATION TOTAL \$ _____

LODGING

Hotel, Motel _____ days (Attach Receipts) \$ _____

Tips, Gratuities \$ _____

LODGING TOTAL \$ _____

MEALS

(Attach Receipts) \$ _____

MEALS TOTAL \$ _____

OTHER MISCELLANEOUS EXPENSES

(Receipts must accompany expenses over the amount of \$25) \$ _____

GRAND TOTAL \$ _____

Make Check Payable to: _____

Address: _____

Date: _____

Signature

Mail to: Accounting Department
The West Virginia State Bar
2000 Deitrick Boulevard
Charleston, WV 25311-1231

(Requests for reimbursements must be received within 60 days of the expenditure)