

# Expense Reimbursement Form



DALLAS ASIAN AMERICAN BAR ASSOCIATION  
2101 Ross Avenue, Dallas, Texas 75201

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Total Expenses: \_\_\_\_\_

Enter expenses below - Note that reimbursement will not be provided without copies of dated receipts:

Date*	Committee	Vendor	Expense Type / Reason	Amount
<b>TOTAL</b>				

*\* All reimbursement requests must be submitted no later than 60-days following the date such expenses were incurred.*

Submit completed Expense Reimbursement Forms (including all receipts) to DAABA's Treasurer at [info@daaba.org](mailto:info@daaba.org)

Approved/Date: \_\_\_\_\_

Approved By: \_\_\_\_\_