



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
TOTAL:				

* 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: Drew Spaniol at andrew.spaniol@bryancave.com.

Approved / Date: _____ / Approved By: _____