



THE FEDERAL BAR ASSOCIATION

Northern District of Ohio Chapter

REQUEST FOR REIMBURSEMENT OF OFFICE EXPENSES

Person Requesting Reimbursement: _____

Purpose for Office Expense: _____

Dates Purchased: _____

LIST EXPENSE & VENDER

AMOUNT

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

4) _____ \$ _____

5) _____ \$ _____

TOTAL EXPENSES FOR WHICH REIMBURSEMENT SOUGHT \$ _____

Make check payable to:

Name: _____ Signature: _____

Address: _____
(Street Address, City, State, and Zip Code)