

**LEGAL FOUNDATION OF WASHINGTON**

**REQUEST FOR REIMBURSEMENT OF EXPENSES**

(Completion of this form is required. Please claim expenses within 90 days.)

PURPOSE OF EXPENDITURE: \_\_\_ Meeting \_\_\_ Other (explain) \_\_\_\_\_

DATE OF MEETING: \_\_\_/\_\_\_/\_\_\_

LOCATION OF MEETING: \_\_\_\_\_

PURPOSE OF MEETING: \_\_\_\_\_

**\*\* Receipts for paid expenses must accompany this voucher \*\***

**MEETINGS AND TRAVEL EXPENSES**

<i>Transportation Items and Description</i>	\$
<i>Air, Rail, or Bus</i>	\$
<i>To and From terminal (taxi, limousine, etc.)</i>	\$
<i>Automobile: ___miles @ current IRS rate ___</i>	\$
<i>Parking \$ ___ Tolls \$ ___</i>	\$
<i>Other (rental car, etc.) Explain: _____</i>	\$

*Lodging, Meals, Gratuities & Incidentals* \$

**TOTAL MEETINGS AND TRAVEL EXPENSES** \$

**EXPENSE NOT RELATED TO MEETINGS AND TRAVEL** \$  
*Statement attached (telephone, postage, office expense, etc.)*

**TOTAL REIMBURSEMENT REQUESTED** \$

*Make Reimbursement check payable to:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

*When completed mail to:*

LEGAL FOUNDATION OF WASHINGTON  
1325 FOURTH AVENUE, SUITE 1335  
SEATTLE, WASHINGTON 98101-2509

**LEGAL FOUNDATION USE ONLY:**

*Check issued:* \_\_\_/\_\_\_/\_\_\_

*Check number:* \_\_\_\_\_

*Amount paid:* \$ \_\_\_\_\_