NVLSA... the association for legal professionals

EXPENSE CLAIM

NAME_____ TELEPHONE NUMBER_____

MAILING ADDRESS_____

EVENT_____

Please itemize categorically (show separate totals), miscellaneous expense, i.e., postage, telephone, supplies, copies, etc. Attach receipts.

Date	Expense Item	Cost	Total

GRAND TOTAL _____

President Approval _____

Treasurer Signature _____

Claimant Signature _____

Date _____ Check Number _____