

SECTION

Request for Reimbursement of Expenses

PURPOSE OF TRAVEL: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">From</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 15%; text-align: center;">To</td> <td style="width: 55%;"></td> </tr> <tr> <td>Date(s) of meeting</td> <td style="background-color: #e0ffe0;"></td> <td></td> <td style="background-color: #e0ffe0;"></td> <td></td> </tr> <tr> <td>Date(s) of travel</td> <td style="background-color: #e0ffe0;"></td> <td></td> <td style="background-color: #e0ffe0;"></td> <td></td> </tr> <tr> <td>Location of meeting</td> <td colspan="4" style="background-color: #e0ffe0;"></td> </tr> </table>		From	-	To		Date(s) of meeting					Date(s) of travel					Location of meeting					<div style="text-align: right; margin-bottom: 5px;">Date of Request</div> To be completed and mailed to: Treasurer: Michael P. Dillinger, Treasurer Section: Environmental & Natural Resources Law Section Address: NuStar Energy 19003 IH-10 West City, State and Zip: San Antonio, TX 78257 Telephone #: 210.918.2091 Fax #: 210.918.7191 Email: Mike.Dillinger@NuStarEnergy.com
	From	-	To																		
Date(s) of meeting																					
Date(s) of travel																					
Location of meeting																					
MAKE CHECK PAYABLE TO: (Name of Individual, Firm, or Company) Barcard # (if applicable) _____ Name _____ Street Address _____ _____ City, State and Zip _____ Telephone Number _____	APPROVAL Date Approved for Payment: _____, 20____ _____ (Section Treasurer Signature) Accounting Category _____																				

MEETINGS AND TRAVEL EXPENSE					
Transportation Items and Descriptions					AMOUNT
Airfare	\$	-			-
Speaker Airfare	\$	-			-
Car Rental & Fuel	\$	-			-
Taxi / Limo Service	\$	-			-
Parking & Tolls	\$	-			-
Auto Mileage		-	@	Effective 1/1/2021 0.56	-
Other	\$	-		(Enter Description Here)	-
Travel Subtotal					\$ -
Lodging and Meals Items and Descriptions					
Date	Hotel	Meals	Daily Total		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
Lodging & Meals Subtotal					\$ -
Expenses Not Related to Travel, Lodging, or Meals					
Description		\$ -			
					\$ -
					\$ -

01-9325-50975

Total Reimbursement Requested

CERTIFICATION OF CLAIMANT

The above described expenses were incurred by me for the purpose stated. I have attached receipts for applicable expenditures (airlines, hotels, etc.), except in cases where receipt has been lost. I certify that this request is true, correct, and unpaid.

Signature of Claimant _____ Date _____

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REIMBURSEMENT POLICY

The policy of the State Bar of Texas with respect to the reimbursement of expenses is shown below.

The policy was revised at the April, 2006 meeting of the Board of Directors.

The actual out-of-pocket expenses incurred by the State Bar Board Officers, Directors, Out-of-State Lawyer Liaison, Judicial Liaison, State Bar members, State Bar staff, and others authorized to travel in performing their duties on behalf of the State Bar of Texas will be reimbursed as follows:

A. Transportation – Coach air fare, taxi fare, parking and airport limousine, or applicable mileage reimbursement for travel in a privately owned vehicle, as provided in the travel provisions of the current General Appropriations Act.

B. Meals and Lodging – Actual reasonable expenses.

C. Other Expenses – Other reasonable and necessary expenses of conducting Board or State Bar business may be reimbursed, including such items as copying, postage and long distance telephone bills.

All expense reimbursement requests shall be accompanied by the original bills and vouchers, except that for taxis, mileage, tips and miscellaneous expenses for which no bill or receipt is normally obtained, the signed statement of the person submitting that statement that he or she incurred the expense will be accepted.