Clear Form

Print

DISCRETIONARY MONEY REIMBURSEMENT FORM

Please complete this form to ensure timely payment to vendors. Use one form per program, itemizing the various vendors and payments. An agenda and participant list *must* accompany each receipt(s).

EVENT: _____

COURT: _____

DATE: _____ # HOURS INSTRUCTION: _____

FACULTY: _____

COSTS:

VENDOR NAME	ADDRESS	DESCRIPTION	AMOUNT

TOTAL COSTS INCURRED: _____

ACCOMPANYING ATTACHMENTS: ❒ Agenda ❒ Participant List ❒ All receipts

REQUIRED SIGNATURES:

_____
Education Liaison / Court Designation

_____
Court Executive

For Administrative Office Use Only

_____
Org Number

_____
Activity Code

_____
Judicial Education Officer Approval