



LOUISIANA STATE PARALEGAL ASSOCIATION, INC.

EXPENSE AND/OR REIMBURSEMENT FORM

Reimburse to: _____

Date: _____

Submitted by: _____

INSTRUCTIONS:

1. Please attach invoices and receipts for all items submitted for reimbursement.
2. Designate to which committee each expense should be allocated. Committees are listed at the bottom of this form.
3. Submit a separate Expense Form for each person to whom reimbursement is due.
4. Submit to LSPA Treasurer with a stamped, self-addressed return envelope.

Date	Committee to Be Charged	Description of Item/expense Submitted	Amount
TOTAL			

- | | | | |
|----------------------|------------------------|---------------------------|-------------------------|
| Admin.: P.O. Box fee | Second Vice-President | NALA Liaison (travel) | Scholarship |
| Affiliation | Historian | Newsletter Committee | Secretary |
| Annual Mtg. | LCP Exam | Parliamentarian | Speakers Bureau |
| Audit | LCP Review Course Com. | President | Seminar, Annual |
| Awards | Lobbying | President-Elect | Seminar, LCP Rev. Crse. |
| Bank Charges: VISA | Marketing | Promotions (Ad-Publicity) | Seminar, Mid-Year |
| Board Meeting | Media | Publication Committee | Technology Committee |
| Bd. Mbr. Travel | Membership Committee | Salary Survey | Treasurer |
| Certifying Bd. | NALA Affiliation Fee | Scholarship Committee | |
| District Directors | NALA Liaison (exp.) | | |