HEADQUARTERS STAFF MUST RECEIVE REQUEST WITHIN 30 DAYS AFTER CONCLUSION OF MEETING.

AMERICAN BAR ASSOCIATION
Request for Reimbursement of Expenses

Purpose of Expenditure: [ ] Meeting [ ] Other

Date ____________________________

Dates of Meeting ____________________________
(Month) __________________ (Days) __________________ (Year)

Location of Meeting ____________________________

Section Name ____________________________

Committee Meetings Attended (List individual meetings and dates)
or Expenses Related to (Be specific)

Mailing Directions:
The completed original form is to be mailed to:
Theresa Livingston
Tort Trial and Insurance Practice Section
American Bar Association
321 N Clark St, MS 18.2
Chicago, Illinois 60654

MEETINGS AND TRAVEL EXPENSE

<table>
<thead>
<tr>
<th>ITEM AND DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air (maximum of 14-day advance Sat. nt. stay over economy fare) or Rail (Service fees are not covered)</td>
<td>[ ]</td>
</tr>
<tr>
<td>NOTE: Airfare reimbursement may not exceed the meeting cap, per TIPS policy. ORIGINAL AIRLINE TICKETS, E-TICKETS OR ITINERARIES ARE TO BE SUBMITTED.</td>
<td>[ ]</td>
</tr>
<tr>
<td>Airline __________ Date ticket was purchased______________</td>
<td></td>
</tr>
<tr>
<td>Destination __________ Departure City ____________</td>
<td></td>
</tr>
<tr>
<td>Automobile: (if used instead of air or rail but not to exceed economy air fare rate) Miles @ .54.5/mile [ ]</td>
<td></td>
</tr>
<tr>
<td>SECTION POLICY DOES NOT AUTOMATICALLY PROVIDE PER DIEMS. SEE NOTE BELOW REGARDING PER DIEMS. ARE YOU REQUESTING PER DIEMS? [ ]</td>
<td></td>
</tr>
<tr>
<td>ATTACH HOTEL BILL # of days per diem [ ]</td>
<td></td>
</tr>
<tr>
<td>Total Meetings and Travel Expense [ ]</td>
<td></td>
</tr>
</tbody>
</table>

NOTE re PER DIEM: The Section will not provide per diem reimbursement for attendees to the extent that reimbursements are available from their firms, employers, or some other third party. The intent is to limit reimbursements to those who have no alternative source of reimbursement. Remember that we are the stewards of our members’ dues and should spend our funds on reimbursing those who would not otherwise be able to attend Section meetings. Per diem is for lodging, meals, and ground travel up to a maximum of $75 per day, based on required room nights. To qualify for reimbursement per diem, meetings of all appointed committees must be attended for the days the per diem is requested unless they take place simultaneously.

EXPENSE NOT RELATED TO TRAVEL

Statement attached (telephone, postage, office expense, etc.) [ ]

Group Dinner Reimbursement: (must list each person attending, and submit detailed original receipt, not credit card receipt) (prior approval required) [ ]

Total Reimbursement Requested [ ]

MAKE CHECK PAYABLE TO:

• ABA MEMBER ID # ____________________________
• NAME [ ]
  (Individual, Firm or Company Name)
• ADDRESS ____________________________
  (Street address or P.O. Box)
  ____________________________
  (City, State and Zip Code)

☐ Check here if this is an address change

The financial liability of the Association to any committee is limited to the funds credited to this on the financial records of the Association. (Bylaws Art. 28.5) “Some or all of the documentary support attached consists of copies of the original receipts. Those originals are on file in ______ law firm/practice in ________ (city).”

“By signing below, I certify that I have read the ABA’s Business Conduct Standards ("BCS") and that this expense report and the business I have conducted on behalf of the ABA comply with the BCS (see below for link).”

_______________________________________________
(INDIVIDUAL’S SIGNATURE) ***REQUIRED***

For Headquarters’ Use:

Charge ____________________________ $ ____________
Charge ____________________________ $ ____________
Date ____________________________
Approved ____________________________
Signature of Section Chair (or designee) certifies that expense has been authorized by the Section Council (By-Laws Article 27.5)

Section Chair’s Signature

PLEASE NOTE: ORIGINALS OF AIRLINE TICKETS or E-TICKET ITINERARIES MUST BE SUBMITTED. BCS: http://www.americanbar.org/content/dam/aba/migrated/about/ABA_Business_Conduct_Standards.authcheckdam.pdf