



30 Bank Street
PO Box 350
New Britain
CT 06050-0350
06051 for 30 Bank Street
P: (860) 223-4400
F: (860) 223-4488

FORM A
CBA/YLS REIMBURSEMENT FORM
ABA/YLD NATIONAL CONFERENCE REIMBURSEMENTS

Submit within fourteen (14) days of event

ORIGINAL TO:

Atty. Jonathan S. Weiner, CBA/YLS Treasurer
Connecticut Supreme Court
231 Capitol Ave
Hartford, CT 06106

This request must be accompanied by:

1. Original receipts plus one copy, or two copies of original receipts.
2. Copy of ABA/YLD reimbursement requests, if applicable.
3. Full report of your activities or purpose for attending meeting (i.e. Form B).

Name: _____ Phone: _____

Address: _____

_____ Email: _____

Position in CBA/YLS: _____

Role at meeting (i.e. speaker, attendee): _____

Meeting Attended: _____ Meeting Dates: _____

If Annual or Midyear Meeting, did you attend ABA/YLD Assembly? [] Yes [] No

If No, why not? _____

ABA/YLD Reimbursement? [] Yes [] No

If Yes, Amount of Reimbursement: \$ _____

Law Firm/Employer Reimbursement? [] Yes [] No

If Yes, Amount of Reimbursement: \$ _____

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TRAVEL: TYPE OF FARE (Air, Train, Bus):

Date(s): _____ Carrier: _____ \$ _____

Automobile: _____ miles x \$.505 \$ _____

Other: _____ \$ _____

LODGING: _____ Per Night x _____ Number of Nights= \$ _____

Date(s): _____ Hotel: _____

MEALS: Date(s): _____ Restaurant: _____ \$ _____

Date(s): _____ Restaurant: _____ \$ _____

Date(s): _____ Restaurant: _____ \$ _____

OTHER: Date(s): _____ _____ \$ _____

Date(s): _____ _____ \$ _____

Date(s): _____ _____ \$ _____

TOTAL AMOUNT REQUESTED \$ _____

APPROVED/DISAPPROVED ON: _____

AMOUNT APPROVED: \$ _____

BUDGET LINE: _____

YLS REQUEST NO. _____

SIGNATURE: _____

Treasurer, CBA/YLS