



30 Bank Street
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FORM C
**CBA/YLS REIMBURSEMENT REQUEST/
ADVANCE REQUEST FORM**

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

ATTACH:

All applicable itemized receipts, vouchers,
contracts, canceled checks, press releases,
etc. to support request

Name: _____ Phone: _____

Address: _____

_____ Email: _____

Position in CBA/YLS: _____

ACTIVITY/REASON FOR REIMBURSEMENT OR ADVANCE REQUEST:

DATE OF ACTIVITY: _____

DESTINATION OF FUNDS REQUESTED: (check applicable item(s))

____ Reimbursement for out of pocket payment by _____

____ Direct payment to provider for: ____ advance deposit ____ completed event

____ Other (please explain): _____

WILL ACTIVITY GENERATE REVENUE? [] YES [] NO

ESTIMATED AMOUNT? _____

AMOUNT OF ADVANCE/REIMBURSEMENT REQUESTED: \$ _____

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MAKE CHECK PAYABLE TO:

MAIL CHECK TO:

SIGNATURE OF REQUESTOR:

For office use only:

APPROVED/DISAPPROVED ON: _____

AMOUNT APPROVED: \$_____

BUDGET LINE:_____

YLS REQUEST NO. _____

SIGNATURE:_____

Treasurer, CBA/YLS