



2021 *Virtual* Pro Bono Spring Break Reimbursement Parameters and Instructions

Parameters and instructions for submitting your reimbursement requests for the 2021 PBSB Program are detailed below. Make sure you also received the reimbursement form, which is in an Excel spreadsheet.

Meals

As an accepted PBSB participant, you are allotted a daily meal per diem not to exceed \$35 per day Monday through Friday for *your* personal meals (and not including alcohol). For each meal reimbursement request, an itemized receipt detailing what you ordered must be submitted. Either scan receipts, make and send a copy, or tape originals to a sheet of paper. If you send a scanned copy of the receipts, keep the originals until you receive your reimbursement in case we need the originals. *A receipt listing only the amount charged will not be accepted.*

Office Supply Expenses

As an accepted PBSB participant, you *may* incur nominal office supply expenses (internet charges are not eligible for reimbursement). If possible, contact our office to seek pre-approval for any anticipated office supply-related expenses. You may be reimbursed up to \$10 per day for nominal office supply expenses, copies, etc. I. Keep your receipt for any office supply expense incurred. Either scan receipts, make and send a copy, or tape originals to a sheet of paper. If you send a scanned copy of the receipts, keep the originals until you receive your reimbursement in case we need the originals. Supply-related expense reimbursements will not be processed without a detailed receipt.

Submitting your Request for Reimbursement

Please use the Excel spreadsheet attached to the email for your reimbursement request. To obtain reimbursement, you must include itemized receipts with the reimbursement form; submit the completed form and detailed receipts to our office **no later than Monday, March 29** for students participating in Pro Bono Spring Break I (March 8-12) or **Monday, April 5** for students participating in Pro Bono Spring Break II (March 15-19). Alcohol will not be reimbursed. Please allow three to four weeks to process your request.

Send reimbursement requests to Patricia Griggs by email or mail:

Email: patricia.griggs@texasbar.com

Texas Access to Justice Commission
Attention: Patricia Griggs
P.O. Box 12487
Austin, TX 78711

Questions? Contact the PBSB team members:

Catherine Galloway: cgalloway@texasbar.com or Patricia Griggs: patricia.griggs@texasbar.com or 512-427-1833.

STATE BAR OF TEXAS

Request for Reimbursement of Expenses

State Bar of Texas Travel Reimbursement Form

PURPOSE OF TRAVEL:

From _____ To _____

Date(s) of meeting _____ - _____

Date(s) of travel _____ - _____

Location of meeting _____

Date of Request

Reimbursement Policies and Procedures available at:
texasbar.com/Reimbursement

PLEASE SEE BELOW FOR A LIST OF DEPARTMENTS and STAFF LIAISONS to receive your request

Please complete the highlighted applicable areas and submit form within 45 days from the date of travel.

MAKE CHECK PAYABLE TO:

(Name of Individual, Firm or Company)

Barcard # (if applicable) _____

Name _____

Street Address _____

City, State and Zip _____

Telephone Number _____

STATE BAR APPROVAL

Date Approved for Payment: _____, 20____

(Officer, Committee Chair, Executive, Dept. Head, Other)

Finance Department

TRAVEL EXPENSES				AMOUNT
Transportation				
Airfare	\$	-		-
Speaker Airfare (TxBarCLE use only)	\$	-		-
Car Rental & Fuel	\$	-		-
Charter Bus Service	\$	-		-
Taxi / Transportation Service	\$	-		-
Parking & Tolls	\$	-		-
Auto Mileage	\$	-	@ \$ 0.560 =====>	-
Tips	\$	-		-
Other	\$	-		-
Travel Subtotal				\$ -
Lodging and Meals				
Date		Hotel	Meals	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
Lodging & Meals Subtotal		\$ -	\$ -	\$ -
Other Expenses				
Description				
Description		\$ -		

**** For State Bar Use Only ****

\$ - <=====> \$ -

FUND-DEPT-ACCT	LOCATION	AA	TOTAL
--50200-			\$ -
--50205-			\$ -
--50210-			\$ -
--50220-			\$ -
--50236-			\$ -
--50215-			\$ -
--50230-			\$ -
--50225-			\$ -
--50239-			\$ -
--50252-			\$ -
--50285-			\$ -
			\$ -
			\$ -
			\$ -

Total Reimbursement Requested

CERTIFICATION OF CLAIMANT

The above described expenses were incurred by me for the purpose stated. I have attached receipts for applicable expenditures (airlines, hotels, etc.), except in cases where receipt is unavailable. I certify that this request is true, correct, and unpaid.

Signature of Claimant _____ Date _____

THANK YOU FOR YOUR SERVICE TO THE STATE BAR OF TEXAS.

STATE BAR OF TEXAS
Request for Reimbursement of Expenses

Enter Fund Code		Enter Location	
Enter Dept Code		Enter AA	