



DUKE BAR ASSOCIATION

2009-2010 Funding Authorization and Reimbursement Form

Requesting Organization: _____

Representative at meeting: _____

Program Title: _____

Program Date: _____

Actual Attendance: Law school: _____ Non-law school: _____

Date approved: _____

Reimbursement to: _____

Phone number: _____

Email: _____

Amount approved: _____

Treasurer Signature: _____

For Treasurer Only

Check: _____ Check Date: _____

Note: At the Finance Meeting, be sure to fill in the amount approved and obtain the treasurer's signature. When requesting reimbursement, please attach this to the completed reimbursement form along with all the receipts.