

Assigned Counsel Travel Reimbursement

COUNSEL NAME:
VENDOR ID / TAX ID:
ADDRESS:
INVOICE DATE:
CASE NUMBER:
CLIENT NAME:

| Date | Destination / Purpose | Miles | Parking/Tolls | Other (Specify) | Total |
|-----------------------------------|-----------------------|-------|---------------|-----------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Mileage (x \$0.____) | | | | | \$ |
| Total Expenses | | | | | \$ |
| GRAND TOTAL | | | | | \$ |

Counsel Signature

Date Signed

Department Authorization / Approval