

2022  
Check /Expense/Reimbursement  
Request Form

k \_\_\_\_\_ :

Date: \_\_\_\_\_

Client/ M#:

Client/M Name: \_\_\_\_\_

Check -- Payable to: \_\_\_\_\_

Charge Firm Account \_\_\_\_\_

TimeKeeper #: \_\_\_\_\_

Credit Firm Account \_\_\_\_\_

**\*\* For out-of-state Filing, please indicate the State:**

Secretary of State

U.S. District Court Clerk

Okla County Clerk

District Court Clerk: \_\_\_\_\_

Okla Supreme Court

Indicate County

**Description**

Date of Expense \_\_\_\_\_

Airline: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Baggage Fee: \$ \_\_\_\_\_

Tips: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_

Taxi/Uber: \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_

Rental Car: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Mileage: # of miles \_\_\_\_\_ @  \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Additional  
Information: \_\_\_\_\_

**Prior Approval is required for Conferences / Education / Membership fees, include copies of receipts and backup documentation for reimbursements.**