

**UTAH STATE BAR  
YOUNG LAWYERS DIVISION**

**Reimbursement/Payment Request Audit Voucher**

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

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Select One:

- Mail Check to Address  
Provided
- Hold Check for Pickup  
at the Bar Offices

**BREAKDOWN OF EXPENSE:**

Cost:	Description:
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

(\$ \_\_\_\_\_) Amount of ABA or other scholarships/stipend amounts (to be deducted)

\$ \_\_\_\_\_ **TOTAL REIMBURSEMENT/PAYMENT AMOUNT**

Explanation/Purpose of Expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Support in the form of itemized receipts, statements, billings or other evidence of expenditure must be attached or this request cannot be approved and processed.

**YOUNG LAWYERS DIVISION APPROVAL:** (To be completed by YLD President and Treasurer)

YLD President:

Date:

YLD Treasurer:

Date:

Reimbursement/Payment to be charged against the following Young Lawyers Division Account:

1. Program Committee Name (Specify): \_\_\_\_\_

Utah Bar Approval: \_\_\_\_\_ G/L Account #: \_\_\_\_\_