

**UTAH STATE BAR
YOUNG LAWYERS DIVISION**

Reimbursement/Payment Request Audit Voucher

Date: _____

Payee Name: _____

Address: _____

Signature of Requester: _____

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 #: _____