CFA Society of Los Angeles
Society & Volunteer Reimbursement Form Expense Reimbursement Form
Please fax your reimbursement form, receipts, and all supporting documentation to 213-613-1233 or mail to CFALA, 520 S. Grand Ave, Suite 370, Los Angeles CA 90071.

Submitted by: _____

Payable to: _____

Address: _____

City, State, Zip:_____

Phone:_____

Office Use only:

Date Submitted:
_____

CFALA Approval:
_____

Date Approved:
_____

G/L Account:
_____

_____

_____

Please Include the location & date/s of the event and use one reimbursement form per event reason for reimbursement (check options that apply)

- o CFA Institute Regional Meeting_____
- o Society Leader Meetings at Annual Conference_____
- o Society Leadership Conference _____
- o Society Visit _____
- o Other:_____

Date	Description	Receipt attached yes/no	Amount to be reimbursed
		Total	

Signature: _____Date:_____