

Lexwork Americas Expense Reimbursement Request

Individual's Name: _____

Firm Name: _____

Group: _____

Meeting/Event Attended: _____

Check appropriate box: numbers in U.S. dollars numbers in Canadian dollars .

Please Note: copies of invoices/receipts must be attached.

Date								
Day	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
								Totals
Individual Expenses								
Air/Train Fare								
Auto Mileage								
Hotel <i>(see reimb. policy)</i>								
Host Firm Expenses								
Breakfast								
Lunch								
Dinner								
							Grand Total	

Please submit **Expense Reimbursement Requests** to:

Mark Silow
Fox Rothschild
msilow@foxrothschild.com

Date Received: _____

Date Paid: _____

NOTE: This document is also available on the Lexwork extranet under the forms tab