



CFA Society Los Angeles

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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 655, 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)

- CFA Institute Regional Meeting _____
- Society Leader Meetings at Annual Conference _____
- Society Leadership Conference _____
- Society Visit _____
- Other: _____

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

Signature: _____ Date: _____