

2025 Expense Reimbursement Request



Bar #: _____

Mail to: OSB Accounts Payable
 PO Box 231935
 Tigard OR 97281-1935
 Email to: accountspayable@osbar.org

Payment Choice: **CHECK** **ACH** (Sign-up for ACH, see page 2)

***** Section Members:** Submit this form to the section treasurer for approval ***

Funds Payable To: _____

Section Name: _____

Mailing Address/Email		Event / Activity Description		
		Event Name/Date:		
		City & State:		
		Description:		
Email:				

Date →						Totals
Meals (breakfast,lunch,dinner,snacks)						
Lodging						
Airfare						
Car Rental						
Taxi/Transport Services						
Parking						
Misc (Specify)						
Totals						

Mileage Reimbursement			
Date	Travel to/from	No. Miles	Remarks
		Total Mileage	0.70 / mile

Accounting Distribution		Totals	
Dept/Section – Account – Project Code	Amount	Total Expenses	
		Less Advance (if applicable)	
		Total Reimbursement	
		Approval Signatures & Date	
		Section Treasurer	
		Section Chairperson	
		Section Approval Date	
		OSB Dept Director/Mgr	
		OSB Accounting	
		OSB CFO	
Total		OSB Approval Date	

Signature of requestor (required for payment)	Date
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OREGON STATE BAR

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

OREGON STATE BAR IS PLEASED TO OFFER AUTOMATIC ELECTRONIC PAYMENTS FOR THE CONVENIENCE OF OUR MEMBERS/VENDORS. THIS IS AN OPTIONAL, BUT HIGHLY PREFERRED, NO CHARGE SERVICE THAT ALLOWS YOU TO HAVE YOUR PAYMENT DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT. YOU WILL RECEIVE A PAYMENT REMITTANCE VIA EMAIL NOTING WHAT WAS PAID, HOW MUCH AND THE DATE YOU CAN EXPECT TO SEE THE FUNDS IN YOUR ACCOUNT. PAYMENTS WILL FOLLOW BUSINESS OFFICE GUIDELINES AND SCHEDULES. IF YOU ARE INTERESTED, PLEASE READ THE AUTHORIZATION AGREEMENT FORM BELOW.

1. COMPLETE THE FORM BELOW. BE SURE TO INCLUDE YOUR SIGNATURE AND DATE.
2. IF CHOOSING CHECKING ACCOUNT, VERIFY THE ACCOUNT AND ABA/ROUTING NUMBER.
THIS INFORMATION MUST COME FROM A CHECK NOT A DEPOSIT SLIP.
3. IF THE SELECTED ACCOUNT IS IN A NAME OTHER THAN YOURS, YOU MUST INCLUDE THE NAME OF THE OTHER PARTY AND THEIR SIGNATURE.
4. RETURN COMPLETED FORM TO OREGON STATE BAR BY ONE OF THE FOLLOWING METHODS:
 - a) Secure Portal: [Contact Donna Wuennecke to request secure link.](#)
 - b) Contact or Fax Donna @ 503-431-6307 for direct sign up.
 - c) Mail to: Oregon State Bar ▪ Attn: Accounting ACH ▪ PO Box 231935 ▪ Tigard, OR 97281-1935

Please contact Oregon State Bar at (503) 431-6307 or dwuennecke@osbar.org if you need further information.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS AND/OR ACH CREDITS)

MEMBER/VENDOR NAME: _____
(PLEASE PRINT CLEARLY)

EMAIL PAYMENT NOTIFICATION TO: _____

I (WE) HEREBY AUTHORIZE OREGON STATE BAR TO INITIATE DEBIT AND/OR CREDIT ENTRIES TO MY (OUR)



CHECKING ACCT



SAVINGS ACCT

AT THE FINANCIAL INSTITUTION (*DEPOSITORY*) NAMED BELOW AND TO DEBIT AND/OR CREDIT THE SAME TO SUCH ACCOUNT. I (WE) UNDERSTAND IF CORRECTIONS ARE NECESSARY, IT MAY INVOLVE ADJUSTMENT (CREDIT OR DEBIT) TO MY (OUR) ACCOUNT. I (WE) ACKNOWLEDGE THAT THE ORIGINATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

BANK NAME: _____

CITY: _____ STATE: _____

ROUTING NUMBER:

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 ACCOUNT NUMBER: _____
(routing & account number must come from a check, not a deposit slip)

THIS AUTHORITY SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL OREGON STATE BAR HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD OREGON STATE BAR AND *DEPOSITORY* A REASONABLE OPPORTUNITY TO ACT ON IT.

ACCOUNT HOLDER SIGNATURE: _____ DATE: ___/___/___

ACCOUNT HOLDER NAME: _____
(PLEASE PRINT CLEARLY)

NOTE: ALL DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

OSB ACCOUNTING USE ONLY: DATE RECEIVED: _____ INITIALS: _____