

**COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF
EXPENSE CLAIM FORM
2008-2009**

Office or Committee:	
Event (if applicable)	
Date of Event or Expense:	
Describe Expense	
Amount:	
Make Check Payable to:	
Mailing Address:	
Phone:	
Date:	
Signature:	
PLEASE ATTACH RECEIPT(S) and mail or fax to:	Carol Donahue CALSS Treasurer Holme Roberts & Owen LLP 1700 Lincoln Street, Suite 4100 Denver, CO 80203 303.866.0663 (office) 303.866.0200 (fax)

Date paid: _____

Check # _____