

**COLORADO ASSOCIATION OF LEGAL SUPPORT STAFF
EXPENSE CLAIM FORM
2011-2012**

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, e-mail or fax to:	<p>Lisa Ritter, PLS CALSS Treasurer Liggett, Smith & Johnson, P.C. 425 W. Mulberry Street, #112 Fort Collins, CO 80521 Fax: 970-482-0339 970-482-9770 (office) e-mail: lritter@ftccolaw.com</p>

Date paid: _____
Check # _____