

# Judicare Expense Report

Pro Bono Indiana, Inc.

DATE	PBI CLIENT #	PAID TO:	DESCRIPTION OF / REASON FOR EXPENSE	AMOUNT
TOTALS				

**Signing this form means that:**

- (1) You agree that the information you provided is complete and accurate;
- (2) You are entitled to reimbursement for the expenses listed above; and
- (3) You have attached a receipt for each expense claimed.

**\*\*\* You MUST provide a receipt to support each expense claimed \*\*\***

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Attorney signature Title Date signed

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Approved by Pro Bono Indiana, Inc. Title Date signed

**Submit report & receipts to:**  
jeana.goebel@probonoindiana.org