



**Nebraska Paralegal Association
CLA/CP/ACP Scholarship Reimbursement Claim Form**

DATE of Expense	DESCRIPTION OF EXPENSE*	TOTAL \$
TOTAL EXPENSES		\$ -

*All submissions must be on the approved list of scholarship expenditures or the submission will be denied.

Please hold this form for submission of all reimbursed expenditures for one submission, to be submitted after October 1 and before August 1.

NePA Use Only:	Date Request Received:
	Date Payment Sent:
	Check #:
	Made Payable to: