



**JUDGE ADVOCATE LEGAL SERVICE  
ATTORNEY LICENSING FEE REIMBURSEMENT REQUEST (FY21)**

Employee's Name:	Organization:
Employee's Contact E-Mail:	
Employee's Pay Plan/Series/Grade/Duty Title:	Head of Legal Office (Name, Phone Number):
Requesting Employee's UIC/Paragraph/Line Number:	

Bar Information:			
Jurisdiction:	Status Renewed (Active, Inactive, etc.):	Due Date (indicate if this is a birth month renewal):	When Renewed (Annual, Biennial, etc.):
Itemization of <b>MANDATORY</b> Costs by Type:			
1.			\$
2.			\$
3.			\$

<b>Total Reimbursement Requested</b>	<b>[NOT TO EXCEED \$350]</b>	\$
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**YOU MUST INCLUDE A COPY OF YOUR INVOICE FROM YOUR STATE BAR**

**Section A – Certifications**

I have not received reimbursement from any other source for this licensing fee or the licensing fee of any other jurisdiction during the fiscal year.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I have reviewed the request and supporting documentation and certify that reimbursement complies with applicable guidance and is appropriate.

\_\_\_\_\_  
Head of Legal Office Signature

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM AND INVOICE TO: sarilyn.h.leary.civ@mail.mil**

**Section B – OTJAG Approval**

On behalf of The Judge Advocate General and the Director, Civilian Personnel, Labor and Employment Law, I have conducted a review of this request and have approved the request for reimbursement, subject to available funding. Reimbursement will be provided after payment and upon receipt of a completed SF 1164 Claim for Reimbursement for Expenditures on Official Business and proof of payment.

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SARILYN H. LEARY  
Program Manager

Office of The Judge Advocate General, HQDA

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Date