



**JUDGE ADVOCATE LEGAL SERVICE
ATTORNEY LICENSING FEE REIMBURSEMENT REQUEST**

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 MANDATORY Costs by Type:			
1.			\$
2.			\$
3.			\$

Total Reimbursement Requested	[NOT TO EXCEED \$350]	\$
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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 to: ashley.m.ludovicy-donahue.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. Reimbursement will be provided after payment and upon receipt of a completed SF 1164, Claim for Reimbursement for Expenditures on Official Business.

ASHLEY M. LUDOVICY-DONAHUE _____
Date
Program Manager
Office of The Judge Advocate General, HQDA