

Employee Reimbursement Form

1. Employee is to submit this form, along with receipts, to their manager
2. Managers – please forward this request, along with receipts, to accounting@huronlawgroup.com
3. Reimbursements will be paid out by the end of the week following the week after form and receipts are received

Employee Details

Name: Marian Martin

Email: mmartin@fivelakeslawgroup.com

Company: Five Lakes Law Group

Todays Date: 7/11/24

Bank Account Information to send reimbursement:

Bank Name: Bank of America

Routing Number: 061000052

Account Number: 3261583381

Total amount to be reimbursed: \$ 293.00

Itemized Receipt for Fees/Section Payment

membership@gabar.org <membership@gabar.org>

Thu 7/11/2024 10:02 AM

To: Marian Martin <mmartin@Fivelakeslawgroup.com>

You don't often get email from membership@gabar.org. [Learn why this is important](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Marian,

Thank you for your recent Fees and/or section payment. Below is an itemized receipt from the State Bar of Georgia for this transaction. Please do not respond to this email. If you have questions, please contact the State Bar of Georgia Membership Department at membership@gabar.org.

Here are the details of your order. Please retain this email for your records.

Company Name: Five Lakes Law Group PLLC

Order Date: 07/11/2024 10:00AM

Bar Number: 256010

Bill To: Ms. Marian Farrow Martin

Payment Method: Visa *****8942

Payment Reference Number: AN0A5EC21213

Order Total: 293.00

Item	Price	Qty	Total
Active License Fees	264.00	1.00	264.00
Processing Fee for Credit Cards	3.00	1.00	3.00
Client Security Fund	15.00	1.00	15.00
Professionalism Fee CJCP Professionalism Program	11.00	1.00	11.00
	Grand Total		293.00