



DATE:	LAWYER:
CLIENT:	FIRM/ORG.:
MATTER:	PAYABLE TO:
PBLs Program:	Date of last service to client:

I am applying for initial pre-authorized disbursement coverage.

PLEASE ATTACH RECEIPTS/INVOICES (WHERE AVAILABLE)

DATE (IF APPLICABLE)	DISBURSEMENT EXPENSE PARTICULARS	GROSS AMOUNT	ADMINISTRATION USE ONLY	
			APPROVED	CODE
SUBTOTAL				
LESS COSTS COLLECTED				
TOTAL				

I certify that I am providing exclusively pro bono legal services to the Client and that the disbursements were satisfactorily delivered and correctly described here.

Lawyer Signature



The CBA Disbursement Fund is made possible due to the generous contribution of the Saskatchewan Branch of the Canadian Bar Association and individual donors.