



ATTORNEY LICENSING FEE REIMBURSEMENT REQUEST

Section A – General Information

Attorney's Name:	Attorney's Unit and MCC:	Attorney's SSN:
Attorney's Contact E-Mail:	Office/Section:	
Attorney's Phone Number (Office and Cell):	SJA/LSSS/T-OIC (Name, Phone Number):	
Attorney's Pay Grade/Series/Duty & Title:	Component: <input type="checkbox"/> Active <input type="checkbox"/> Active Reserve <input type="checkbox"/> SMCR <input type="checkbox"/> IRR <input type="checkbox"/> IMA Det <input type="checkbox"/> Civ	

Bar Information:

Jurisdiction:	Status Renewed (Active, Inactive, etc.):	Due Date (indicate if this is a birth-month renewal, annual, biennial):	Exact Date of Renewal:
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Itemization of MANDATORY Costs by Type:

1.	\$
2.	\$
3.	\$
4.	\$
Total Reimbursement Requested	[NOT TO EXCEED \$300] \$

YOU MUST INCLUDE A COPY OF YOUR INVOICE FROM YOUR STATE BAR as [LName]_[FName]_BarDues_FY22Receipt

Section B – Certifications

I have reviewed the reimbursement policy and certify that this reimbursement request complies with applicable guidance.

Attorney's Signature _____
Date

[IF LICENSED IN MORE THAN ONE JURISDICTION] I affirm that I am requesting reimbursement for the licensing fee of the state that has the least expensive licensing fee during Fiscal Year 2022.

Attorney's Signature _____
Date

Submit completed form and invoice to: licensingfees@usmc.mil as .pdf documents with the following naming conventions by 1 July 2022:

REQUEST FORM: [Last Name]_[First Name]_FY22Request
STATE BAR RECEIPT: [Last Name]_[First Name]_BarDues_FY22Receipt

Section C – Certifications for Reservists ONLY

I affirm that I have served (or am projected to serve) on active duty for 179 days or more during Fiscal Year 2022.

Attorney's Signature _____
Date

I affirm that I have not received reimbursement from any other source for this licensing fee or the licensing fee of any other jurisdiction during Fiscal Year 2022.

Attorney's Signature _____
Date

Section D – JAD Approval

Receipt Reviewed by: _____ Date: _____