



TEXAS CENTER FOR THE JUDICIARY
 1210 San Antonio, Suite 800 ♦ Austin, Texas 78701
 512-482-8986 or 800-252-9232 ♦ 512-469-7664 (fax)

APPELLATE CLERKS EDUCATION FUND

Please allow 30 days for processing.

REQUEST FOR REIMBURSEMENT OF EXPENSES

Please mail originals to the Texas Center. DO NOT FAX.

First Name: _____ M.I.: _____ Last Name: _____

Title: _____ Court: _____

Court Address: _____ County: _____

City/State/Zip: _____ Telephone: _____

Event: _____ Date: _____ Location: _____

ITINERARY Itinerary must be completed.

Departed: _____ Date: _____ Time: _____

Arrived: _____ Date: _____ Time: _____

Departed: _____ Date: _____ Time: _____

Arrived: _____ Date: _____ Time: _____

The Court of Criminal Appeals & the Texas Center for the Judiciary's reimbursement policies govern payment of travel expenses. Personal expenses and tips are not reimbursable. Rental cars must be pre-approved.

MEALS Meals must be itemized.

Dates (mm/dd/yy):						Subtotal
Breakfast	\$	\$	\$	\$	\$	\$
Lunch	\$	\$	\$	\$	\$	\$
Dinner	\$	\$	\$	\$	\$	\$
TOTAL MEALS:						\$

LODGING Lodging receipt must be attached.

Dates (mm/dd/yy):						Subtotal
Lodging	\$	\$	\$	\$	\$	\$
TOTAL LODGING:						\$

TRANSPORTATION Active judges must use *court* address as city of origin in calculating travel reimbursement. Assigned/retired judges may use home address.

Personal Auto: Miles: _____ x 50 cents/mile (_____ one-way or _____ round-trip) \$

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$

Parking: \$ _____ Tolls: \$ _____ Total Parking/Tolls: \$

Taxi: \$ _____ Shuttle: \$ _____ Total Taxi/Shuttle: \$

Other Travel Expenses (additional space to list on reverse): \$

Registration Fee (please provide receipt and proof of payment): \$

TOTAL REIMBURSEMENT: \$

Please note: Any judge receiving a stipend/supplement from their county should determine whether that money is intended to include travel reimbursement for seminars.

I CERTIFY THAT:

1. The amounts listed are actual expenses paid personally by me for the purpose stated.
2. I have not been nor will be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

\$

TOTAL REIMBURSEMENT

Verified by: _____

Approved by: _____

530.81 Meals \$

530.82 Lodging \$

530.85 Mileage \$

530.84 Airfare \$

530.86 Parking \$

530.87 Taxi \$

530.89 Other \$

530.88 Reg. Fee \$

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