TEXAS CENTER FOR THE JUDICIARY
Request for Reimbursement of Expenses

Please mail to: Texas Center. Attn: Debra Malkiewicz 512.482.8986
1210 San Antonio, Ste 800, Austin, TX 78701

Appellate CLERK Reimbursement
Location_____
Date_____
Form Due by 60 days past event date

IDENTIFICATION. Please complete in full. Please allow 30 days for processing.

First Name: Middle Initial: Last Name:

Title: Court:

Court or Home Address:
(whichever is closer) County:

City/State/Zip: Phone:

I would like to receive my reimbursment by: ☐ Direct Deposit* ☐ Check

* You must be set up for direct deposit with the Texas Center to choose this option. If you are not already set up, you may give us a voided check for the bank account in which you want the funds to be deposited

ITINERARY/TRANSPORTATION. Receipts and supporting documentation must be attached.

Date	Miles Driven	Departed from:	Arrived at:	Time Departed	Time Arrived
Event:					

FOR INTERNAL USE ONLY

Total Miles	0	*x 50 cents/mile (per CCA grant conditions)*	$	530.85 Mileage	$
Receipts must be attached for airfare, parking, tolls, taxi, shuttle and other expenses.					
Airfare *(must be most economical fare available; receipt/copy of ticket is required)*			$	530.84 Airfare	$
Parking $		Tolls $	Total Parking/Tolls $	530.86 Park/Toll	$
Other Travel Expenses			$		
Item & Explanation:			$	530.87 Taxi/ Rental	$
Item & Explanation:			$	530.89 Other	$
			TOTAL TRANSPORTATION $		

The Court of Criminal Appeals and 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. Third party Internet booking receipts, such as Expedia and Travelocity, are not valid receipts and will not be reimbursed. ***Supporting documentation for mileage must include a printout from a mapping website (e.g. Google Maps, MapQuest).*** *In determining mileage you may choose the most cost-effective, reasonably safe, shortest route, the quickest drive time or the safest road conditions between destination points. The printout must be sufficiently detailed to verify the number of miles. Note: Mileage may not be calculated using only a vehicle odometer reading. Receipts are required for parking, tolls, and other expenses.*

MEALS. Receipts NOT Required

Date(s)								**Subtotal**
Breakfast								$
Lunch								$
Dinner								$

For Maximum Please refer to TCJ funds approval letter
** Must be traveling to claim this meal.* **TOTAL MEALS** $

530.81 Meals $

LODGING. Receipt Required.

Dates								**Subtotal**
Lodging								$

** If lodging is required.* **TOTAL LODGING** $

530.82 Lodging $

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 I 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:**

$
Total Reimbursement

Verified by

Approved by