

Travel Reimbursement Request The Supreme Court of Texas PO Box 12248 Austin, TX 78711

Sign and mail original form and receipts. Please allow 30 days for processing. Form is due within 45 days of travel.

Committee Name	
Conference Name	
Location	Date(s)

Name	Social Security Number
Title	Phone
Court/Organization	Fax
Address	Email
City/State/Zip	Designated Headquarters City
Mode of transportation from headquarters to location, and from location back to headquarters.	Travel Date(s)
Description of trip and reason for travel.	
Describe trip's benefit to state.	
AS OF SEPTEMBER 1, 2009, TEXAS HAS CHANGED ITS TRAVEL.	REIMBURSEMENT RATES TO CONFORM

TO FEDERAL GOVERNMENT PER DIEM RATES FOUND AT www.gsa.gov/HP_01_Requested_perdiem. FOR IN-STATE TRAVEL RATES - IF YOUR CITY IS NOT LISTED ON THE GSA SITE, USE THE OLD TEXAS PER DIEM: \$85 LODGING, AND \$36 MEALS.

MEALS: Not to exceed allowable amounts. Receipts not required.

Dates			Total
Meals	\$ \$	\$ \$	\$

LODGING: Not to exceed allowable amounts, plus tax. Receipts must be attached.

Dates			Total
Lodging			

TRANSPORTATION: Receipts must be attached.

Taxi	Shuttle	Airfare	Rental Car	Total
\$	\$ \$ \$			
Mileage: Attach a copy of your mileage calculation printed from the Texas Mileage Guide online at www.window.state.tx.us/comptrol/texastra.html .				
Parking:				\$

Incidental expenses (gasoline, internet access, etc.)		\$
	Total transportation and incidental	\$

I CERTIFY THAT:

TOTAL REIMBURSEMENT \$

- 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.

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Signature:	Date
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