



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.

<i>Committee Name</i>	
<i>Conference Name</i>	
<i>Location</i>	<i>Date(s)</i>

<i>Name</i>	<i>Social Security Number</i>
<i>Title</i>	<i>Phone</i>
<i>Court/Organization</i>	<i>Fax</i>
<i>Address</i>	<i>Email</i>
<i>City/State/Zip</i>	<i>Designated Headquarters City</i>
<i>Mode of transportation from headquarters to location, and from location back to headquarters.</i>	<i>Travel Date(s)</i>
<i>Description of trip and reason for travel.</i>	
<i>Describe trip's benefit to state.</i>	

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: Print and attach a copy of your mileage calculated on www.Mapquest.com

Parking: Attach receipt(s)

INCIDENTAL EXPENSES (gasoline, internet access, etc.): Attach receipt(s)

TOTAL REIMBURSEMENT _____

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: