



# TEXAS MUNICIPAL COURTS EDUCATION CENTER

## Travel Reimbursement Form

Please submit the completed reimbursement claim form within 60 days from the date of the travel and attach all pages of requested printouts and receipts. You may submit electronically by email to Deadra Stark at stark@tmcec.com, by fax at 512.435.6118 or mail original to TMCEC, 2210 Hancock Drive, Austin, TX 78756. Keep a copy for your records.

<b>EVENT NAME:</b>				<b>Event City:</b>		
<b>Date &amp; Time Departed:</b>			<b>Date &amp; Time Returned:</b>			
<b>PAYABLE TO</b>						
<b>Name</b>						
<b>Company/Address</b>						
<b>Email &amp; Phone</b>						
<b>MEALS</b> (receipts NOT required: \$41 max per day - meals provided by TMCEC, tips & alcohol not reimbursable)						
Date(s)	Breakfast	Lunch	Dinner		Total	Accounting Only
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
<b>TOTAL MEAL EXPENSE</b>					\$	\$
<b>LODGING</b> (eligible rates can be found at <a href="http://www.gsa.gov">www.gsa.gov</a> : receipts required)						
Date(s)	Hotel Name & Room Rate				Total	Accounting Only
					\$	\$
					\$	\$
					\$	\$
<b>TOTAL LODGING EXPENSE</b>					\$	\$
<b>TRANSPORTATION</b> (documentation required)						
<b>PERSONAL CAR</b> (mileage may be calculated on Google Maps or Mapquest)					Total	Accounting Only
From:	To:		Miles		\$	\$
From:	To:		Miles		\$	\$
Total miles will be calculated at 65.5 cents per mile					\$	\$
<b>AIR TRAVEL</b> (payment receipt required)						
From:	To:	Date:			\$	\$
From:	To:	Date:			\$	\$
<b>CAR RENTAL</b> (prior approval of Executive Director required; attach rental /gas receipts)					<b>TAXI/RIDESHARE</b> (attach receipts)	
From:	To:	Date:			\$	\$
From:	To:	Date:			\$	\$
<b>TOTAL TRAVEL EXPENSE</b>					\$	\$
<b>OTHER EXPENSES</b> (airport/hotel parking, tolls and other expenses: attach receipts)						
Description				Total	Accounting Only	
				\$	\$	
				\$	\$	
<b>TOTAL OTHER EXPENSE</b>					\$	\$
<b>TOTAL REIMBURSEMENT REQUEST</b>					\$	\$

I certify that the above described expense account does not include alcoholic beverages or gratuity and is true, correct, unpaid, and that dual compensation is not involved in the above claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_