



JUDICIAL DEPARTMENT SENIOR JUDGE REIMBURSEMENT REQUEST FORM

Payee Name:

Home Address:

CORE VC#:

NON-TRAVEL EXPENDITURES: Receipts are required.

Amount

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TRAVEL EXPENDITURES: Receipts are required for expenditures over \$25 (excluding mileage and meals).

Date	From	To	# Miles	Rate	Mileage	Breakfast	Lunch	Dinner	Meal Total	Lodging

PURPOSE OF TRIP(S): Senior Judge assignment

Other Travel Expenditures:

Amount

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Expense Report Total

PAYEE CERTIFICATION:

I certify that the expenditures for which I am requesting reimbursement were incurred for the benefit of the State, were reasonable and, necessary in the circumstances and are in compliance with Judicial Department Fiscal Rules. When requesting mileage reimbursement, I have calculated the number of miles in accordance with Judicial's travel policies, deducting commute mileage when required. I have not previously been reimbursed for these expenditures, and I will not be reimbursed by another source. If, after receiving reimbursement, it is determined to be in violation of the Fiscal Rules, or an overpayment was made, I shall return such funds to the Judicial Department.

Payee Signature:

Approval Signature:

Title: Senior Judge

Date:

Title: Sr. Judge Prgm Administrator

Date:

CORE GAX Coding

Fund	Org Unit	Appropriation Unit	Activity	Description	Object	Sub/Dept Object	Amount
16D0	CSRV	JCCPEJUDG		Mileage	2523		
16D0	CSRV	JCCPEJUDG		Meals	2522		
16D0	CSRV	JCCPEJUDG		Lodging	2520		
GAX Total							