

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.	
In accordance with Section 660.007 of the Texas Government committee travel at the FY 2009 rates of \$85 per night for l	
MEALS: Not to exceed allowable amounts. Receipts not required.	

Dates			1		Total
Meals					
LODGING	: Not to exceed a	allowable amounts, p	lus tax. Receipts must be a	tached.	
Dates					Total
Lodging					
TRANSPO	RTATION: Rec	eipts must be attache			
Ta	axi	Shuttle	Airfare	Rental Car	Total
Mileage: Pi	int and attach a	copy of your mileage	e calculated on <u>www.Mapq</u>	uest.com	
Parking: A	ttach receipt(s)				
INCIDENT	AL EXPENSES	(gasoline, internet a	ccess, 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:
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