Texas Justice Court Training Center

Texas State University

1701 Directors Blvd., Suite 530, Austin, TX 78744

Phone (800) 687-8528

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| \* Destination: |  | | | | | | | \* Date & Time You Left Headquarters: \* | | | | | | | | / / | | | \* @ |  | m. |
|  |  | | | | | |  | | | | | | | | | | | | | | |
|  | | |  | | | \* Date & Time You Returned to Headquarters:\* | | | | | | | | | | / / | | | \* @ |  | m. |
|  | | | | | | | | | | | | | | | | | | | | | |
| \* Name: | |  | | | | | | | | \* Employer: | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| \*Address: | | |  | | | | | | | \* Title: |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| \* City: |  | | | TX | \* Zip: | | | |  | \* Phone: | | ( |  | | ) |  | - |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| \* Purpose of Trip:  To Attend  Committee  To Lecture  To Monitor  Other: | | | | | | | | | | | | | |  | | | | | | |  |
| \* **REQUIRED INFORMATION** | | | | | | | | | | | | | | | | | | | | | |

**1. TRANSPORTATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| a. **TAXI FARES** (**Actual Paid Receipt Required**) from point to point. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Departed From: | | | | |  | | | | | | | | To: | | |  | | | | | | On: | | | | / / | | | | | $ | | **.** | | | | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | |  | | | | | |  | | | |  | |  | | | | | | | | | |  | | | | | | |
| Departed From: | | | | |  | | | | | | | | To: | | |  | | | | | | On: | | | | / / | | | | | $ | | **.** | | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TOTAL TAXI:** | | | | | | | | **$** | | | **.** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. **AIR FARE:** | | | (Attach **Original Paid Ticket or Receipt with payment validation**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TOTAL AIRFARE:** | | | | | | | | | | **$** | | **.** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. **PERSONAL CAR MILEAGE:**  Grant Condition 27(d) stipulates mileage is reimbursable at $0.45 per mile for use of the claimant's vehicle. Mileage between destination points must be calculated using a mapping website (e.g. MapQuest, Google Maps). **Must attach copy of point to point documentation.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | Miles | | | | From: | | |  | | | | | | | | | | | | To: | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | Miles | | | | From: | | |  | | | | | | | | | | | | To: | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Miles: | | | | | | | | | |  | | | | | @ | | | | $.45¢ | | | | Per Mile | | | | | | **TOTAL MILEAGE:** | | | | | | | | | | | | | **$** | **.** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. **PARKING (Original** | | | | | | | | | Airport: $ | | | | | **.** | | | | | | | Hotel: $ | | | | | **.** | | | | | **TOTAL PARKING: $** | | | | | | | | | | | | **.** | |
| **Receipt Required**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **e. OTHER (Original Paid** | | | | | | | | | | \*Car Rental: $ | | | | | **.** | | | | | | | | | Fuel: $ | | | | **.** | | | | | |  | |  | | | | | | |  | |
| **Receipt Required**) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Tolls: $ | | | | | | | | | **.** | | | | | | | **TOTAL OTHER:** | | | | | | | | | | | | | | | | | | **$** | | | **.** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*NOTE**: Refer to car rental list of non-reimbursable charges **TOTAL TRANSPORTATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | **.** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. LODGING**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **f. LODGING:** Room $ | | | | | | | **.** | | | | | | | | | | Local Tax Only: $ | | | | | | | | **.** | | | | | | **TOTAL LODGING:** | | | | | | | | | | | **$** | **.** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. MEALS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **g. MEALS:** **Receipts not required.** Reimbursement for **ACTUAL** expense not to exceed **$36.00** per Day (excludes Tips & Alcohol). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dates: | / / | | | | | | | | |  | / / | | | | | | |  | | / / | | | | | |  | | / / | | | | | | |  | | / / | | | | | | |  |
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| Total: $ | **.** | | | | | | | | | $ | **.** | | | | | | | $ | | **.** | | | | | | $ | | **.** | | | | | | | $ | | **.** | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TOTAL MEALS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | **.** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**total reimbursement claimed.**

I, the Claimant, certify (a) that the above is true and accurate, (b) that dual compensation is not involved for travel or subsistence, and (c) that all compensation claimed is related to Training Center functions.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signature:** | |  | **Date:** |  |  | |
| **Mail, email or fax original within 60 days of date of travel to TJCTC** | | | | | **GRAND TOTAL**  **TO CLAIMANT: $** |  |
| **APPROVED:** |  | | **Date:** |  |  | |

**TRAVEL REGULATION DIGEST**

**Travel**

* Rate of Reimbursement for use of **Your Personal Automobile**: $.450¢ per mile. **The number of reimbursable miles may not exceed the number of miles of the most cost-effective, reasonably safe route between two destination points. In determining the most cost-effective, reasonably safe route, the Training Center may consider the route that provides the shortest distance, the quickest drive time, or the safest road conditions. Mileage between destination points must be calculated using a mapping website (e.g. Google Maps, MapQuest). Attach a copy to your reimbursement form. Mileage may not be calculated using only a vehicle odometer reading.**

**Travel between residence and duty point.** The maximum amount of mileage allowable when traveling between residence and duty point is the lesser of the distance between duty point and the claimant's residence or designated headquarters. CCA Grant Conditions 27(d)(1)b.2.

**Travel between residence or designated headquarters and an airport.** Mileage to and from the claimant’s residence or designated headquarters and an airport is reimbursable. The maximum amount of mileage allowable is the lesser of the distance between an airport and the claimant’s residence or designated headquarters. CCA Grant Conditions 27(d)(1)b.3.

* Air Fare: lowest cost to the Training Center. To obtain the lowest cost, we encourage the use of 30 day advance purchase, promotional price reductions or any method that provides a lower overall cost of travel. **Actual cost** is reimbursed with the following exceptions: Flight insurance, Early Bird Check‐In or Preferred Seating are not reimbursable. Only one check bag fee is reimbursable each way. **Original paid receipt is required and must including payment validation.**
* Taxi, bus, limo, tolls: **Actual cost** is reimbursed. **Receipt is required**. Gratuity is not reimbursable.
* Airport & Hotel Parking: **Actual cost** is reimbursed for self-park only. **Receipt is required.**
* Car Rental: Actual cost reimbursed with the following **exceptions**: optional fees to include liability insurance, personal accident insurance (PAI), safe trip insurance, personal effect protection, frequent flyer (FFWN), roadside assistance (RSD, TST), and toll pass optional fee (TLSVC) are not reimbursable. **Original paid receipt is required**.

**Subsistence**

* Room Expense: At training center seminars, this expense will be direct billed to the Training Center. Incidental expenses (phone calls, movies, **state sales tax**, etc.) are not reimbursable.
* Room Expense: At non-training center seminars, reimbursement is $0.00 per day.
* Meals: **Meal receipts** **are not required**. When lodging is involved, you may pay for your meals and be reimbursed for **actual expenses**, excluding Tips and Alcohol up to $36.00 per day. Meal expenses are not reimbursed when lodging is not involved.

**Mail, email or fax** a signed Travel Reimbursement form within 60 days of date of travel to the Training Center.

Should you have any questions concerning these rules or their application to a particular situation, please call the Training Center before incurring any expense.