



**Travel Reimbursement Request Form**  
**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 60 days after travel.

Supreme Court Advisory Committee

Committee Name \_\_\_\_\_

Meeting \_\_\_\_\_

Conference Name \_\_\_\_\_

Austin, TX \_\_\_\_\_

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

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

**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
\$	\$	\$	\$	\$
<b>Mileage:</b> Attach a copy of your mileage calculation printed from the Texas Mileage Guide online at <a href="http://www.window.state.tx.us/comptrol/texastra.html">www.window.state.tx.us/comptrol/texastra.html</a> .				\$
<b>Parking:</b>				\$

<b>Incidental expenses (gasoline, internet access, etc.)</b>	\$
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**Total transportation and incidental** \$ \_\_\_\_\_

**I CERTIFY THAT:**

**TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

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:** \_\_\_\_\_