## JUDICIAL BRANCH EXPENSE ACCOUNT FORM

For Travel Taken after XXXXX, XX, XXXX

	(Please refer to I	nstruction	s)								
(1)	Department										
(2)	Unit or Division										
(3)	Social Security N	umber (las	t 4 digits onl	(v)							
	GEARS Vendor Number (if known)						(9) Mileas	e Reimburser	nent Rate (cen	ts per mile) =	
	Employee/Payee Name						(9) Mileage Reimbursement Rate (cents per mile) =  (10) Total Commute Miles (round trip to office) =				
	Work Phone #						(11) Are you a Recalled / Senior Judge? (Yes or No)				
	Assigned Office Location (Town/City)					(12) Are you a Recalled / Senior Judger (Yes or No)  (12) Are you a Judicial Branch employee? (Yes or No)					
	•		(Town/City)	<u>-</u>			(12) Are yo	u a Judicial Brai	nch employee?	(Yes or No)	
(8)	Full Home Addr	ress									
(13)		Date of T	ravol		1						Total
(13)		Day of Tra		+							TOLAT
(14)	Overnight Lodgin		Check box								
	Hotel Room*	0-									0.00
	Standard Daily Meal Allowance#										0.00
	Airfare, Taxi, Shuttle, etc.*										0.00
	Rental Car *										0.00
(15)	Bus or Metro										0.00
	Bridge, Tunnel or Road Toll			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Mileage Parking*			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Miscellaneous Expenses*										0.00
	Total Reimbursement			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	* Receipts required, except as noted in the			Travel Policy.	-	-				-	
(16)	the JECC, attach a Purpose of Trav	copy of the				eal that was p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(16)	the JECC, attach a Purpose of Trav	copy of the	agenda as pro			eai tiiat was p					
(16)	Purpose of Trav	copy of the el : Trave	agenda as pro					Total Miles	Less	Reimbursed	
(16)	the JECC, attach a Purpose of Trav	el :  Trave Start	agenda as pro	ovided.	VERED INCU	RRING ABOV		Total Miles	Less Commute(20)	Reimbursed Miles	
(16)	Purpose of Trav	copy of the el : Trave	agenda as pro	ovided.		RRING ABOV		Total Miles	Less	Reimbursed	
(16)	Purpose of Trav	el :  Trave Start	agenda as pro	ovided.	VERED INCU	RRING ABOV		Total Miles	Less Commute(20)	Reimbursed Miles	
(16)	Purpose of Trav	el :  Trave Start	agenda as pro	ovided.	VERED INCU	RRING ABOV		Total Miles	Less Commute(20)	Reimbursed Miles 0.00	
	Purpose of Trav	el :  Trave Start	agenda as pro	ovided.	VERED INCU	RRING ABOV		Total Miles	Less Commute(20) 0.00	Reimbursed Miles 0.00	
(16)	Purpose of Trav	el :  Trave Start	agenda as pro	ovided.	VERED INCU	RRING ABOV		Total Miles	Less Commute(20) 0.00 0.00	Reimbursed Miles 0.00 0.00	
	Purpose of Trav	el :  Trave Start	agenda as pro	ovided.	VERED INCU	RRING ABOV		Total Miles	Less Commute(20) 0.00 0.00 0.00	Reimbursed Miles  0.00  0.00  0.00  0.00	
	Purpose of Trav	el :  Trave Start	agenda as pro	ovided.	VERED INCU	RRING ABOV		Total Miles	Less Commute(20) 0.00 0.00 0.00	Reimbursed Miles  0.00  0.00  0.00  0.00	
	Date of Travel Day of Travel  If mailing is required	Trave Start (17)	Status End	TERRITORY CO	(18)	Signature of (As the requactor)	Employee / lestor, you and that paym	Total Miles Traveled(19)  Payee re certifying the ment has not be	Less Commute(20)  0.00  0.00  0.00  0.00  0.00  Date:  at the informatien received.]	Reimbursed Miles  0.00  0.00  0.00  0.00  0.00  0.00  0.00	
	Date of Travel Day of Travel  If mailing is required	Trave Start (17)	I Status End	TERRITORY CO	(22)	Signature of (As the requaccurate an	Employee / I estor, you and that paym	Total Miles Traveled(19)  Payee re certifying the tent has not be	Less Commute(20)  0.00  0.00  0.00  0.00  0.00  Date:	Reimbursed Miles  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	