

Travel Reimbursement Guidelines

This program is federally funded and is thereby governed by the reimbursement policies of the Children's Commission and the Supreme Court of Texas. All travel expenses will be paid in accordance with the following policies. *Reimbursements for personal expenses, alcoholic beverages and gratuities are not allowed.*

Reimbursement Forms

Please complete the Children's Commission travel reimbursement form in full, sign and date. Forms may be submitted by mail or email with receipts attached.

The Supreme Court of Texas Children's Commission

P.O. Box 12248

Austin, TX 78701

E-mail: patrick.passmore@txcourts.gov

Match Form (if applicable)

The Children's Commission match form **MUST** also be completed to prevent delay in receiving your reimbursement.

Transportation

Original receipts are required for transportation expenses, including airfare, rental cars, taxis, and shuttles. You may be reimbursed for economy airfare or 57.5 cents per mile (**54 cents per mile effective January 1, 2016**) for travel by personal automobile. **Airfare receipts** must include the name of the traveler and airline, the ticket number, class of transportation, fare basis code, travel dates, and dollar amount. Itineraries/ confirmations that show cost but not payment will not be reimbursed. **Rental car** reimbursements will be made only for the vehicle type/class with the lowest rate. If multiple attendees will be traveling together a larger vehicle may be requested through the [rental car request form](#). This form must be submitted no later than five days prior to the meeting.

Incidentals

Original receipts are required for incidental expenses (ie. baggage fees, gasoline, internet access).

Mileage Calculation

You must include a printout from MapQuest (www.mapquest.com) with your reimbursement form.

- Include your headquarters address and the destination. The map must have line by line driving directions.
- Make sure the map shows the total one-way mileage.
- Maps that show mileage increments without a total are not acceptable.
- In determining mileage you may choose the most cost-effective, reasonably safe, shortest route, the quickest drive time or the safest road conditions between destination points.

Meals

Meals are reimbursed according to the rates set by the General Services Administration. Refer to www.gsa.gov for the daily maximum meals allowance.

- You may only claim meals that are not provided as part of the conference. For example, if breakfast is served at the conference, you may not claim a reimbursement for it.
- Provided meals are for participants only, guests must arrange for their own meals.
- You may claim meals for times you are traveling.
- Day of Departure. Breakfast may be claimed if you depart before 8:00 am; Lunch - if you depart before 1 pm; Dinner - if you depart before 6:00 pm.
- Day of Return. Breakfast may be claimed if you arrive home after 9:00 am; Lunch - if you arrive home after 2:00 pm.; Dinner - if you arrive home after 7:00 pm.
- Be sure to indicate your arrival and departure times on your reimbursement form. If you are delayed in your travels due to airline delays or traffic, please indicate this on your form. Forms without arrival and departure times will be reviewed according to the printed flight schedule or travel time indicated on the map.

Lodging

Please refer to www.gsa.gov for daily maximum lodging allowances. If you are traveling outside of your [designated headquarters](#), the single occupancy rate plus applicable taxes for your hotel room will be reimbursed for arrival on the first day of a conference or meeting through the last day of conference or meeting. Additional room nights, guests and incidental expenses are not reimbursable.

If you have any questions or need assistance completing the form, please contact us at (512) 463-4924 or Patrick.Passmore@txcourts.gov.

All reimbursement claims must be submitted within 45 days of travel.

TRAVEL REIMBURSEMENT REQUEST

Please Allow 30 days for processing.

IDENTIFICATION. Please complete in full.									
Name:	Social Security Number:								
Title:	Email:								
Business Address:	Phone:								
City/State/Zip:	Fax:								
CONFERENCE/MEETING DETAILS. Please complete in full.									
Committee Name:									
Conference Name:									
Location:									
Dates:									
TRANSPORTATION: Receipts and supporting documentation must be attached. Please calculate mileage between your headquarters address and the conference/meeting address at MapQuest.com and attach.									
Airfare _____									
Mileage (<i>personal vehicle</i>) _____ x _____ cents/mile									
Rental Car _____									
Taxi _____									
Shuttle _____									
Parking _____									
Tolls (<i>receipts not required</i>) _____									
TOTAL TRANSPORTATION									
MEALS: See reimbursement guidelines for maximum meals allowance per day.									
Date	<table border="1" style="width:100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Meals	<table border="1" style="width:100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
TOTAL MEALS									
LODGING: See reimbursement guidelines for maximum lodging allowance per day.									
Date	<table border="1" style="width:100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Lodging	<table border="1" style="width:100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
TOTAL LODGING									
INCIDENTAL EXPENSES: Receipts and supporting documentation required.									
Internet access _____									
Baggage _____									
Gasoline (<i>rental vehicles only</i>) _____									
Other expenses _____									
TOTAL INCIDENTAL									
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:								