



## JUDICIAL DEPARTMENT (1/1/25 - Present) SENIOR JUDGE REIMBURSEMENT REQUEST FORM

Payee Name:

Home Address:

CORE VC#:

NON-TRAVEL EXPENDITURES: Receipts are required.	Amount

**TRAVEL EXPENDITURES: Receipts are required for expenditures over \$25 (excluding mileage and meals).**

Date	From	To	# Miles	Rate	Mileage	Breakfast	Lunch	Dinner	Meal Total	Lodging

PURPOSE OF TRIP(S): Senior Judge assignment	Other Travel Expenditures:	Amount

Expense Report Total

**PAYEE CERTIFICATION:**

I certify that the expenditures for which I am requesting reimbursement were incurred for the benefit of the State, were reasonable and necessary in the circumstances and are in compliance with Judicial Department Fiscal Rules. When requesting mileage reimbursement, I have calculated the number of miles in accordance with Judicial's travel policies, deducting commute mileage when required. I have not previously been reimbursed for these expenditures, and I will not be reimbursed by another source. If, after receiving reimbursement, it is determined to be in violation of the Fiscal Rules, or an overpayment was made, I shall return such funds to the Judicial Department.

Payee Signature:

Approval Signature:

Title: **Senior Judge**                      Date:

Title: **Sr. Judge Prgm Administrator**                      Date:

**CORE GAX Coding**

Fund	Org Unit	Appropriation Unit	Activity	Description	Object	Sub/Dept Object	Amount
16D0	CSRV	JCCPEJUDG		Mileage	2523		
16D0	CSRV	JCCPEJUDG		Meals	2522		
16D0	CSRV	JCCPEJUDG		Lodging	2520		
<b>GAX Total</b>							