Children's Commission®
SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH AND FAMILIES

Justice Eva Guzman, Chair Tina

Amberboy, Executive Director

Travel Reimbursement Request Form Guidelines

The Texas Court Improvement Program (CIP) is federally funded and 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 Request Form in full, sign and date. Forms with the supporting receipts attached may be submitted by email or mail to the following:

E-mail: Patrick Passmore patrick.passmore@txcourts.gov
Mail: Supreme Court of Texas Children's Commission
P.O. Box 12248
Austin, TX 78711

Match Form

The Children's Commission Match form MUST also be completed to prevent delay in processing requests for reimbursement.

Transportation

Travelers are required to select the most cost-effective mode of transportation. Original receipts are required for transportation expenses such as parking, airfare, rental car, taxis, and shuttles.

Transportation Options

Mileage Calculation – Travelers may be reimbursed .575 cents per mile for travel by personal automobile. In determining route, the traveler must select the most cost-effective, reasonably safe, shortest route; however, may choose an alternative route according to the road conditions and/or the quickest route.
To claim mileage reimbursement, requests must include driving directions generated by a mapping service such as MapQuest, Google Maps, etc. The mapping service attachment must include:

1. The traveler's headquarters address (start of trip travel) and the meeting destination;
2. line by line driving directions;
3. Includes the total one-way mileage.

Rental vs. Personal Vehicle - Travelers are responsible for determining the most cost-effective means of ground transportation. The maximum reimbursable amount for ground transportation is determined by using the Comptroller of Public Accounts mileage calculator found here: https://fmx.cpa.texas.gov/fmx/travel/mileage/

Rental Car - Reimbursements will be made only for the vehicle type/class with the lowest rate. A copy of the original receipt is required and must include the name of the rental company, the name of the traveler, the start and end date of the rental agreement, itemization of expenses incurred, and proof of payment.

Airfare **-** Reimbursement may not exceed the cost of the lowest available airfare (Economy seating or similar) between the traveler's headquarters location and duty point. Reimbursement will not made for upgrades or early check-in/boarding. Receipts must include the name of the traveler, airline, ticket number, class of transportation, travel dates, and proof of payment. Itineraries/confirmations that show cost but not payment will not be reimbursed.

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

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.

- Non-Overnight Travel: Traveling outside of designated headquarters for six consecutive hours or more may be reimbursed for meals not to exceed $36.

- Overnight Travel: Meal expenses incurred for overnight travel are reimbursable up to the maximum GSA rate for the destination location. The first and last day of travel is calculated at 75 percent of the daily maximum meal allowance set by the GSA.

- Travelers may only claim meals that are not provided as part of an event. For example: at a conference, where lunch is provided to attendees, the traveler may not claim reimbursement for lunch.

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 day before the conference or meeting through the night after the conference or meeting ends. Additional room nights, guests and incidental expenses are not reimbursable.

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

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

Children's Commission
SUPREME COURT OF TEXAS PERMANENT JUDICIAL COMMISSION FOR CHILDREN, YOUTH AND FAMILIES

CHILDREN'S COMMISSION

P.O. Box 12248 ~ Austin, TX 78701
512-463-4924

REIMBURSEMENT REQUEST

Please Allow 30 days for processing.

PAYEE INFORMATION:

Name: _____ Social Security Number: _____

Title: _____ Email: _____

Business Address: _____ Phone: _____

City/State/Zip: _____

BUSINESS PURPOSE: Please provide brief description of conference or training attended.

Note: Refer to travel guidelines for maximum lodging and meals allowances. Reciepts and supporting documentation must be attached, including mileage calculation between headquarters and conference location.

Date	Mileage			Airfare	Rental Car	Taxi/Shuttle	Parking/ Tolls	Meals	Lodging	Misc.	Total
	Distance	Rate	Cost								
		0.575	$ 0.00								$ 0.00
		0.575	$ 0.00								$ 0.00
		0.575	$ 0.00								$ 0.00
		0.575	$ 0.00								$ 0.00
		0.575	$ 0.00								$ 0.00
		0.575	$ 0.00								$ 0.00

Total $ 0.00

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.

Payee Signature: Date:

This form may be e-signed and sent to patrick.passmore@txcourts.gov. All required supporting documentation should be scanned and attached in email with form. Or, send completed form and all required documentation (tape small receipts to standard-size paper), to: PO Box 12248, Austin, TX 78701

For Commission Use Only

Commission Approval_____ Date_____ COMBJ_____

Non-Federal Match

Please sign and return to Patrick Passmore at patrick.passmore@txcourts.gov or by mail to P.O. Box 12248, Austin, TX 78711

Contributor Name: _____ Date: _____

Title: _____

Location: _____

Brief Description of Contribution

Hours Spent in Meeting _____

Travel time _____

Total Hours Contributed 0.00

Hourly rate _____

If you are uncertain of your hourly rate, you may divide your annual salary by 2080 to get it.

Total Contribution $ 0.00

I certify that the amounts listed:

1. Are not included as contributions for any other federally-assisted project or program.

2. Are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for

Contributor's Signature	**Date**