

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 .54 cents per mile for travel by personal automobile. **Airfare receipts** must include the name of the traveler and airline, the ticket number, class of transportation, 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. The first and last calendar day of travel is calculated at 75 percent of the daily maximum meal allowance set by the GSA.

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 us at (512) 463-4924 or Patrick.Passmore@txcourts.gov.

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

CHILDREN'S COMMISSION

P.O. Box 12248 ~ Austin, TX 78701
512-463-4924 ~ 512-463-8895 (fax)

REIMBURSEMENT REQUEST

Please Allow 30 days for processing.

PAYEE INFORMATION:											
Name: _____					Social Security Number: _____						
Title: _____					Email: _____						
Business Address: _____					Phone: _____						
City/State/Zip: _____					Fax: _____						
BUSINESS PURPOSE: Please provide brief description of conference or training attended.											
Note: Refer to travel guidelines for maximum lodging and meals allowances. Receipts 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								
		0.54									
		0.54									
		0.54									
		0.54									
		0.54									
		0.54									
Total											
I CERTIFY THAT:											
<ol style="list-style-type: none"> 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 _____			