

**EXPENSE CLAIM**

Fall Tennessee Judicial Conference | Montgomery Bell State Park | October 16-19, 2023

**MILEAGE**

Date	Place Left	Place Arrived	Total Miles	Amount Claimed (\$ .655 per mile)
Monday, 10/16/2023				
Tuesday, 10/17/2023				
Wednesday, 10/18/2023				
Thursday, 10/19/2023				

Mileage Requested: \$ \_\_\_\_\_

**PER DIEM** (If you commute daily, you are *only* eligible for reimbursement of mileage, not per diem).

Date	<b><u>BREAKFAST</u></b>	<b><u>LUNCH</u></b>	<b><u>DINNER</u></b>	<b><u>INCIDENTALS</u></b>	Amount Claimed
Mon., 10/16/23	<input type="checkbox"/> \$9.75, Travel Rate	<input type="checkbox"/> \$11.25, Travel Rate	<input type="checkbox"/> \$19.50, Travel Rate	<input type="checkbox"/> \$3.75, Travel Rate	
Tues., 10/17/23	<input type="checkbox"/> \$0, Breakfast Provided	<input type="checkbox"/> \$0, Lunch Provided	<input type="checkbox"/> \$19.50, Travel Rate	<input type="checkbox"/> \$3.75, Travel Rate	
	<input type="checkbox"/> \$9.75, Travel Rate	<input type="checkbox"/> \$11.25, Travel Rate	<input type="checkbox"/> \$26.00 Full Rate	<input type="checkbox"/> \$5.00, Full Rate	
	<input type="checkbox"/> \$13.00, Full Rate	<input type="checkbox"/> \$15.00, Full Rate			
Weds., 10/18/23	<input type="checkbox"/> \$0, Breakfast Provided	<input type="checkbox"/> \$0, Lunch Provided	<input type="checkbox"/> \$19.50, Travel Rate	<input type="checkbox"/> \$3.75, Travel Rate	
	<input type="checkbox"/> \$9.75, Travel Rate	<input type="checkbox"/> \$11.25, Travel Rate	<input type="checkbox"/> \$26.00 Full Rate	<input type="checkbox"/> \$5.00, Full Rate	
	<input type="checkbox"/> \$13.00, Full Rate	<input type="checkbox"/> \$15.00, Full Rate			
Thurs., 10/19/23	<input type="checkbox"/> \$0, Breakfast Provided	<input type="checkbox"/> \$11.25, Travel Rate	<input type="checkbox"/> \$19.50, Travel Rate	<input type="checkbox"/> \$3.75, Travel Rate	
	<input type="checkbox"/> \$9.75, Travel Rate	<input type="checkbox"/> \$15.00, Full Rate	<input type="checkbox"/> \$26.00 Full Rate	<input type="checkbox"/> \$5.00, Full Rate	
	<input type="checkbox"/> \$13.00, Full Rate				

Per Diem Requested: \$ \_\_\_\_\_

**TOTAL MILEAGE AND PER DIEM REIMBURSEMENT REQUESTED: \$ \_\_\_\_\_**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

*I hereby certify that I have incurred the above-mentioned expenses and understand all expense claims are subject to audit.***NEW POLICY**-Expense claims for **former/retired judges** are to be submitted to the AOC registration desk.-**Active judges** will complete this form and attach it to an expense claim via Edison. This can be done through you and/or your proxy.**FOR OFFICE USE ONLY**

Department: 3021800000

Program Code: 180200

Authorized by AOC Staff \_\_\_\_\_