

EXPENSE CLAIM

Mini Judicial Academy & Spring Tennessee Judicial Conference | Embassy Suites Murfreesboro | March 17-21, 2024

MILEAGE

Date	Place Left	Place Arrived	Total Miles	Amount Claimed (\$0.67 per mile)
Sunday, 3/17/2024				
Monday, 3/18/2024				
Tuesday, 3/19/2024				
Wednesday, 3/20/2024				
Thursday, 3/21/2024				

Mileage Requested: \$ _____

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

Date	<u>BREAKFAST</u>	<u>LUNCH</u>	<u>DINNER</u>	<u>INCIDENTALS</u>	Amount Claimed
Sun., 3/17/24	<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	
Mon., 3/18/24	<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			
Tues., 3/19/24	<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., 3/20/24	<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., 3/21/24	<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

-**Former/retired judges** are to submit this claim 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: 180300