

JUDICIAL BRANCH EXPENSE ACCOUNT FORM

For Travel Taken on or after January 1, 2019

(Please refer to Instructions)

Department	Circuit Court of GEARS County			
Unit or Division	Accounting			
Social Security Number (last 4 digits only)	XXXX			
GEARS Vendor Number (if known)	XXXX	Mileage Reimbursement Rate (cents per mile) =		\$0.580
Employee Name	Jane Smith	Total Commute Miles (round trip to office) =		24.00
Work Phone #	XXX-XXX-XXXX	Are you a Recalled / Senior Judge? (Yes or No)		No
Assigned Office Location (Town/City)	GEARS County	Are you a Judicial Branch employee? (Yes or No)		Yes
Home Address	123 Main St. Gearsville, MD XXXXX			

Date of Travel	01/16/2019								Total
Day of Travel	Wed								
Overnight Lodgings- Check box	<input type="checkbox"/> Check								
Hotel Room*									0.00
Standard Daily Meal Allowance#									0.00
Airfare, Taxi, Shuttle, etc.*									0.00
Rental Car *									0.00
Bus or Metro									0.00
Bridge, Tunnel or Road Toll									0.00
Mileage	16.82								16.82
Parking*									0.00
Miscellaneous Expenses*									0.00
Total Reimbursement	16.82	0.00	16.82						

*Receipts required, except as noted in the Travel Policy.

Reduce the Daily Allowance by the Standard Meal Allowance for each meal that was provided to you.

Purpose of Travel : Attend GEARS Training - Travel Policy Review

Date of Day of Travel	Travel Status		TERRITORY COVERED INCURRING ABOVE EXPENSES	Total Miles Traveled	Less Commute	Reimbursed Miles
	Start	End				
01/16/2019 Wed	07:00AM	04:00PM	Home to JECC to Home	53.0	24.0	29.0

If mailing is required by payee, please return form to:

Signature _____ Date: 01/16/2019

Signature of Employee

[As the employee, you are certifying that the information is accurate and that payment has not been received.]

Signature _____ Date: 01/16/2019

Approved by Immediate Supervisor

Work Phone: _____

[As the approver, you are certifying that all of the information is correct.]