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
Employee Name	Jane Smith
Work Phone #	XXX-XXX-XXXX
Assigned Office Location (Town/City)	GEARS County
Home Address	123 Main St. Gearsville, MD XXXXX

Mileage Reimbursement Rate (cents per mile) =	$0.580
Total Commute Miles (round trip to office) =	24.00
Are you a Recalled / Senior Judge? (Yes or No)	No
Are you a Judicial Branch employee? (Yes or No)	Yes

Date of Travel	01/16/2019	01/17/2019	01/18/2019					**Total**
Day of Travel	Wed	Thu	Fri					
Overnight Lodgings- Check box	✓ Check	✓ Check	☐ Check	☐ Check	☐ Check	☐ Check	☐ Check	
Hotel Room*	157.00	157.00						**314.00**
Standard Daily Meal Allowance#	35.25	25.00	9.00					**69.25**
Airfare, Taxi, Shuttle, etc.*								**0.00**
Rental Car *								**0.00**
Bus or Metro								**0.00**
Bridge, Tunnel or Road Toll	4.00		4.00					**8.00**
Mileage			55.68					**55.68**
Parking*								**0.00**
Miscellaneous Expenses*								**0.00**
Total Reimbursement	**196.25**	**182.00**	**68.68**	**0.00**	**0.00**	**0.00**	**0.00**	**446.93**

*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 Start	End	TERRITORY COVERED INCURRING ABOVE EXPENSES	Total Miles Traveled	Less Commute	Reimbursed Miles
01/16/2019 Wed	07:00AM	2:00PM	Home to Sheraton Hotel			
01/17/2019 Thu	07:00AM	05:00PM	Hotel to JECC to Hotel			
01/18/2019 Fri	07:00AM	04:00PM	Hotel to JECC to Home	120.0	24.0	96.0

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.]