

**Institute of Continuing Judicial Education of Georgia**  
 University of Georgia, 1150 South Milledge Avenue, Athens, GA 30602-5025  
**Travel Expense Statement**

(Travel reimbursements must be mailed within 30 days from last day of travel or they will not be processed)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone \_\_\_\_\_

Court Title \_\_\_\_\_ State Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Seminar Title \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_

Address/Mail Reimbursement to: \_\_\_\_\_

Zip \_\_\_\_\_

Date	Time: Departed Arrived	Location Departure From/Arrival To	Amount Detail of Subsistence (Attach Original Lodging Receipt)		Total	For ICJE Only
			Total Meals	Lodging		
<b>TOTALS</b>						
Explain any unusual amounts for subsistence:					XXXXX	XXXXX
State Use Mileage _____ Miles @ <u>.535</u> Cents Per Mile <small>(Must be supported by automobile mileage record on reverse side)</small>						
Common Carrier, Taxi/Limousine, Airline <small>(Explain in section on reverse side)</small>						
<b>TOTAL TRAVEL EXPENSE</b> <small>(Total from above listed expenses)</small>						
Miscellaneous Expenses <small>(Explain in section on reverse side)</small>						
<b>GRAND TOTAL</b>						

Note: Georgia law provides for severe criminal penalties for persons who knowingly and willfully submit or approve a false, fictitious, or fraudulent request for reimbursement of expenses. I certify that this travel claim is a true statement of travel expenses incurred by me in the performance of official State of Georgia duties and follows the State of Georgia travel policy. I have not been reimbursed for these expenses from any other source, nor have I included any expenses paid directly on my behalf from another source. If I have included mileage reimbursement, I have determined that a personal vehicle was the most advantageous form of travel and requested reimbursement for mileage at the corresponding rate.

ICJE APPROVAL SIGNATURE: \_\_\_\_\_ ATTENDEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
 (Original Signature in blue/black ink. No signature stamps please.)

**AUTOMOBILE MILEAGE RECORD**

Period Ending \_\_\_\_\_

Prepare daily, using a separate block for each day's State use travel and for each departure from headquarters.

Date	Daily Travel (Points Visited)	Miles Traveled		
		Miles Daily	Personal Use	State Use
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
<b>TOTAL MILES TRAVELED</b>				
Transfer total State use miles to travel expense section (front side) for computation of amount at the prescribed State mileage rate.				

<p><b>Purpose of Trip:</b> (Attach prior approval form if applicable)</p> <hr/> <hr/> <p>If traveling under a standing authorization please check _____</p>
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Date	Common Carrier, Taxi/Limousine, Airline (Explain, attach original receipts for common carrier)	Amount	Date	Miscellaneous Expenses (Explain, attach original receipts, except for telephone) (This includes parking)	Amount
<b>TOTAL AMOUNT</b> (Enter in appropriate line of above expense section)			<b>TOTAL AMOUNT</b> (Enter in appropriate line of above expense section)		