

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: <u>Departed</u> <u>Arrived</u>	Location Departure From/Arrival To	Amount Detail of Subsistence (Attach Original Lodging Receipt)		Total	For ICJE Only
			Total Meals	Lodging		
TOTALS						
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>						
TOTAL TRAVEL EXPENSE <small>(Total from above listed expenses)</small>						
Miscellaneous Expenses <small>(Explain in section on reverse side)</small>						
GRAND TOTAL						

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:			
TOTAL MILES TRAVELED				
Transfer total State use miles to travel expense section (front side) for computation of amount at the prescribed State mileage rate.				

<p>Purpose of Trip: (Attach prior approval form if applicable)</p> <hr/> <hr/> <p>If traveling under a standing authorization please check _____</p>

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
TOTAL AMOUNT (Enter in appropriate line of above expense section)			TOTAL AMOUNT (Enter in appropriate line of above expense section)		