



TRAVEL AND MEAL REIMBURSEMENT FORM

Texas Municipal Courts Education Center

Please submit the completed reimbursement claim form within 60 days after the event start date. Itemized receipts are required for all meal, lodging, travel, and other expenses submitted for reimbursement. Tips, alcohol, and meals purchased during a mealtime for which TMCEC or the hotel provides a meal are not reimbursable. Daily meal reimbursement is capped at the applicable [GSA M&IE total](#) for the event location. Email the completed form and receipts to Deadra Stark at stark@tmcec.com, by fax at 512.435.6118, or mail the original form and receipts to TMCEC, 2210 Hancock Drive, Austin, TX 78756. Keep a copy for your records. See the [Rules of Reimbursement](#) for more detail.

EVENT INFORMATION	
Event Name	GSA Locality [Select Event City]
Event Start Date	Select the event city to automatically calculate the daily meal reimbursement cap.

PAYABLE TO	
Name	
Mailing Address	
Phone	Email

MEAL REIMBURSEMENT receipts required; tips, alcohol, and meals purchased during a mealtime for which TMCEC or the hotel provides a meal are not reimbursable					
Date	Breakfast actual expense	Lunch actual expense	Dinner actual expense	Daily Total capped at -	Accounting Only
TOTAL MEAL EXPENSES					

PERSONAL CAR MILEAGE route printout required; calculate mileage using Google Maps or MapQuest					Mileage Rate:	\$0.76
Origin	Destination	One-Way Distance	Round Trip?	Reimbursement	Accounting Only	
			☐			
			☐			
TOTAL MILEAGE REIMBURSEMENT						

OTHER TRAVEL REIMBURSEMENT receipts required					
Travel Type	Origin	Destination	Date(s)	Reimbursement	Accounting Only
Airfare					
Airfare					
Car Rental*					
Taxi/Rideshare					
Taxi/Rideshare					
TOTAL OTHER TRAVEL EXPENSES					

*Prior Executive Director approval required.

LODGING REIMBURSEMENT receipts required; check applicable GSA lodging rates at gsa.gov					
Hotel Name	Check-in Date	Check-out Date	Hotel Nightly Rate	Total	Accounting Only
TOTAL LODGING EXPENSES					

OTHER EXPENSE REIMBURSEMENT receipts required; examples include airport and hotel parking, tolls, and other approved expenses		
Description	Reimbursement	Accounting Only
TOTAL OTHER EXPENSES		

TOTAL REIMBURSEMENT REQUEST	
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I have reviewed and acknowledge the [Rules of Reimbursement](#). I certify that this claim is true and correct; that it does not include alcohol, tips, or any expense for which I have already been reimbursed; that I am not seeking duplicate compensation for the same period of service; and that all required itemized receipts for meals, lodging, travel, and other expenses are attached or otherwise provided.

Signature: _____

Date: _____