

# Texas Association for Court Administration



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Treasurer Use ONLY	
Check #:	_____
Amount:	_____
Date:	_____

**Return this form to:**  
 Karen Ellis  
 Harris County  
 Criminal Courts at Law  
 1201 Franklin, 7th Floor  
 Houston, TX 77002  
 Phone: 713 755 5394

### Travel Information

Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Origin: \_\_\_\_\_ Destination: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

### Itemization of Expenses

Dates							Totals
1 Hotel *							
2 Unreimbursed Airfare *							
3 Mileage at <b>\$.54</b> cents/mile							
4 Parking/shuttle *							
5 Taxi *							
<b>6 Sub-Total Transportation</b>							
7 Meals *							
8 Other (specify below) *							
<b>9 Sub-Total Meals &amp; Other</b>							
<b>10 Total Travel (1 + 6 + 9)</b>							
11 Printing *	Project:						
12 Supplies *	Project:						
13 Postage *	Project:						
14 Other (specify) *	Project:						
<b>15 Total Project Expenses</b>							
<b>16 Total Travel and Project (10 + 15)</b>							
<b>17 Less:</b>							

\* Receipts must be attached in order to receive reimbursement

<b>TOTAL DUE</b>	
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I CERTIFY THAT:

1. The amounts listed are actual expenses paid personally by me for the purpose stated.
2. I have not been nor will be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_