



## Travel Reimbursement Guidelines

This program is funded by the 85<sup>th</sup> Texas Legislature Regular Session H.B.1 (“General Appropriations Act”), Supreme Court of Texas, Strategy B.1.2 (“Court Improvement Projects”) and is thereby governed by the reimbursement policies of the Supreme Court of Texas. All travel expenses will be paid in accordance with the following policies. *Reimbursements for personal expenses, alcoholic beverages and gratuities are not allowed.*

### ***Reimbursement Forms***

Please complete the JCMH travel reimbursement form in full, sign and date. Forms may be submitted by mail or email with receipts attached.

**Judicial Commission on Mental Health**

**P.O. Box 12248**

**Austin, TX 78701**

**E-mail:** [patrick.passmore@txcourts.gov](mailto:patrick.passmore@txcourts.gov)

### ***Transportation***

Travels must minimize travel expenses by ensuring that each travel arrangement is the most cost-effective considering all relevant circumstances. The most cost-effective means of travel can be determined by using the Texas Comptroller of Public Accounts [mileage calculator](#). Original receipts are required for transportation expenses, including airfare, rental cars (fuel receipts), taxis, and shuttles. You may be reimbursed for economy airfare or .58 cents per mile for travel by personal automobile. **Airfare receipts** must include the name of the traveler and airline, the ticket number, class of transportation, travel dates, and dollar amount. Itineraries/confirmations that show cost but not payment will not be reimbursed. **Rental car** reimbursements will be made only for the vehicle type/class with the lowest rate and fuel.

### ***Incidentals***

Original receipts are required for incidental expenses (ie. baggage fees, gasoline, internet access, parking, toll fees).

### ***Mileage Calculation***

You must include a printout from MapQuest ([www.mapquest.com](http://www.mapquest.com)) with your reimbursement form.

- Include your headquarters address and the destination. The map must have line by line driving directions.
- Make sure the map shows the total one-way mileage.
- Maps that show mileage increments without a total are not acceptable.
- In determining mileage you must choose the most cost-effective, reasonably safe, shortest route, the quickest drive time or the safest road conditions between destination points.

### ***Meals***

Meals are reimbursed according to the rates set by the General Services Administration. Refer to [www.gsa.gov](http://www.gsa.gov) for the daily maximum meals allowance.

- Overnight Travel: Meal expenses incurred while traveling to and staying at a duty point the day before state business begins and traveling from a duty point the day after state business ends are reimbursable. The first and last calendar day of travel is calculated at 75 percent of the daily maximum meal allowance set by the GSA.
- Non-Overnight Travel: Meal expense is only reimbursable if the employee is outside of his or her designated headquarters for at least six consecutive hours. Non-overnight meal reimbursements may not exceed \$36.
- You may only claim meals that are not provided as part of the conference. For example, if breakfast is served at the conference, you may not claim a reimbursement for it.
- Provided meals are for participants only, guests must arrange for their own meals. You may claim meals for times you are traveling.

### ***Lodging***

Please refer to [www.gsa.gov](http://www.gsa.gov) for daily maximum lodging allowances. If you are traveling outside of your [designated headquarters](#), the single occupancy rate plus applicable taxes for your hotel room will be reimbursed for arrival on the day before the conference or meeting through the night after the conference or meeting ends. Additional room nights, guests and incidental expenses are not reimbursable.

If you have any questions or need assistance completing the form, please contact us at (512) 463-4924 or [Patrick.Passmore@txcourts.gov](mailto:Patrick.Passmore@txcourts.gov).

***All reimbursement claims must be submitted within 45 days of travel.***

# Judicial Commission on Mental Health

P.O. Box 12248 ~ Austin, TX 78701  
 512-463-4924 ~ patrick.passmore@txcourts.gov  
**REIMBURSEMENT REQUEST**

*Please Allow 30 days for processing.*

**PAYEE INFORMATION:**

Name: _____	Social Security Number: _____
Title: _____	Email: _____
Business Address: _____	Phone: _____
City/State/Zip: _____	Fax: _____

**BUSINESS PURPOSE: Please provide brief description of conference or training attended.**

**Note: Refer to travel guidelines for maximum lodging and meals allowances. Receipts and supporting documentation must be attached, including mileage calculation between headquarters and conference/meeting location.**

Date	Mileage			Airfare	Rental Car	Taxi/Shuttle	Parking/ Tolls	Meals	Lodging	Misc.	Total
	Distance	Rate	Cost								
		0.58									
		0.58									
		0.58									
		0.58									
		0.58									
		0.58									

	<b>Total</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.

Payee Signature: _____	Date: _____
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**This form may be e-signed and sent to patrick.passmore@txcourts.gov. All required supporting documentation should be scanned and attached in email with form. Or, send completed form and all required documentation (tape small receipts to standard-size paper), to:  
 PO Box 12248, Austin, TX 78701**

For Commission Use Only

Commission Approval _____	Date _____	COMBJ _____
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## Judicial Commission on Mental Health Match

Please sign and return to Patrick Passmore at [patrick.passmore@txcourts.gov](mailto:patrick.passmore@txcourts.gov) or by mail to P.O. Box 12248, Austin, TX 78711

Contributor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

*Brief Description of Contribution*

**Hours Spent in Meeting** \_\_\_\_\_

**Travel time** \_\_\_\_\_

**Total Hours Contributed** \_\_\_\_\_

**Hourly rate** \_\_\_\_\_

**Total Contribution** \_\_\_\_\_

*If you are uncertain of your hourly rate, you may divide your annual salary by 2080 to get it.*

Contributor's Signature _____	Date _____