

**MISSISSIPPI JUDICIAL COLLEGE (MJC)  
OUT OF STATE TRAVEL REIMBURSEMENT APPLICATION**

Applicants whose offices entitle them to state travel funds are encouraged to seek reimbursement of travel expenses from their offices. They are, however, entitled to request reimbursement of conference fees/tuition, and travel expenses within the guidelines of MJC policy, to the extent that funds are available, and if the requirements of the out-of-state travel agreement have been met.

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Title of Meeting (Seminar/Conference) \_\_\_\_\_

Meeting Location \_\_\_\_\_ Date(s) Participated \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **(Required by University of MS)**

\*Copy of meeting agenda attached.

\*Please attach final cost receipts of expenses to be paid for you by the MJC such as conference fees, airfare or other expenses.

MILEAGE		
The lesser of mileage or coach air fare will be reimbursed for out of state travel. Mileage is reimbursed at 50 cents per mile calculated from standardized mileage charts.		
DATE	FROM	TO

OTHER AUTHORIZED EXPENSES		
Receipts must be attached for shuttles, taxi, parking, air travel, and conference fees. Taxis and shuttles are encouraged for travel to the extent necessary for travel between meeting sites and the hotel.		
DATE	DESCRIPTION OF EXPENSES	AMOUNT

MEALS AND LODGING						
Meals and lodging are reimbursed based upon tables established by the State Fiscal Management Board. Lodging is reimbursed at the regular single rate. If attending the National Judicial College, reimbursement is limited to the special room/meal package rates offered. HOTEL RECEIPTS MUST BE ATTACHED. <i>(If on a meal plan, only list weekend meals not covered by meal plan.)</i>						
DATE	BREAKFAST	LUNCH	DINNER	HOTEL ROOM	DAILY TOTAL	PLACE INCURRED
	\$ 6.00	\$ 10.00	\$ 15.00		\$31.00	
Note:	\$ 8.00	\$ 15.00	\$ 18.00		\$41.00	High Cost Area

**CERTIFICATION**

1. I certify that all amounts claimed are true in all respects and that I have not received reimbursement of these amounts from any other sources.
2. I certify that any mileage claimed was incurred in the use of my personal vehicle, and not an official vehicle.
3. I certify that I attended 100% of educational activities at this meeting, thereby making me eligible to seek reimbursement.
4. I certify I have met the requirements of the out-of-state travel agreement.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

THE COMPLETED VOUCHER, SIGNED AND DATED, MUST BE SUBMITTED WITHIN **THIRTY (30) DAYS** OF THE MEETING TO RECEIVE REIMBURSEMENT.

Return to: Mississippi Judicial College  
Attn: Janice L. Crow  
Post Office Box 8850  
University, MS 38677  
Phone: (662) 915-5955 FAX: (662) 915-7845

FOR OFFICE USE ONLY	
Meals _____	Travel _____
Other _____	Total _____

