

**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 reimbursement of conference fees/tuitions, within the guidelines of MJC policy and 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 _____ County _____

Fax _____ E-Mail _____

Title of Meeting (Seminar/Conference) _____

Meeting Location _____ Date(s) _____

Social Security Number: ###-##-_____ (Last 4 Digits Required by Univ. of MS. If NEW include W-9)

*Copy of meeting agenda attached.

*Please attach final cost receipts of pre-billed expenses paid for you by the MJC such as conference fees, airfare or other expenses.

MILEAGE		
The lesser of mileage of coach air fare will be reimbursed for out of state travel. Mileage is reimbursed at 56 cents per mile calculated from standardized mileage charts.		
DATE	FROM	TO

OTHER AUTHORIZED EXPENSES		
Receipts must be attached for shuttles, taxi, parking, air travel, conference fees. Taxis and shuttles will only be reimbursed to the extent necessary for travel between meeting sites and the hotel.		
DATE	DESCRIPTION	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. (If on a meal plan, only list weekend meals not covered by meal plan.)						
DATE	BREAKFAST	LUNCH	DINNER	HOTEL ROOM	DAILY TOTAL	PLACE INCURRED
	\$ 8.00	\$ 14.00	\$ 19.00		\$41.00	
High Cost	\$ 12.00	\$ 20.00	\$ 24.00		\$56.00	High Cost Area

CERTIFICATION

1. I certify that all amounts claimed are true in all respects and that I am unable to receive 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 a minimum of 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 **FIFTEEN (15) DAYS** OF THE MEETING TO RECEIVE REIMBURSEMENT.

Return to: **Mississippi Judicial College**
Attn: Krista Poynor
115 Northgate Drive, Crosby Hall, PMB 9446
University, MS 38677
Phone: (662) 915-5955
FAX: (662) 915-7845
E-mail: kbpoynor@olemiss.edu

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