



Federal Judges Association

# Board of Directors Meeting

May 5-6, 2018 • Washington Marriott Georgetown • Washington, DC

## Guidelines for Travel Reimbursement\*\*

(as of February 8, 2018)

To obtain reimbursement for all appropriate FJA travel-related expenses, please complete the attached travel reimbursement form and send it with copies of receipts to:

Via Email.....Kristen Jones, FJA Meeting Planner  
[fja@federaljudgesassoc.org](mailto:fja@federaljudgesassoc.org)

Via Mail.....Kristen Jones  
Federal Judges Association  
9707 Key West Avenue, Suite 100  
Rockville, MD 20850

Reimbursement checks will be mailed to you at your Court address unless a different address is provided.

Approved expenses include:

- Round-trip, coach air or train fare, baggage fees.
- Mileage from use of personal automobile (at \$0.545/mile).
- Daily parking fees, including airport parking.
- Taxi fare, commuter transit fare, tolls.
- Reasonable cost of meals.
- Gratuities and tips.
- **ONE** night room and tax at the Washington Marriott Georgetown, receipt must be submitted for reimbursement.
- If you attended the FJA Ninth Quadrennial Conference you may submit to be reimbursed for the additional night of **Sunday, May 6, 2018**. To make any additional requests to extend your hotel reservation please contact Kristen Jones at [fja@federaljudgesassoc.org](mailto:fja@federaljudgesassoc.org).

Expenses not covered include alcoholic beverages and any item of a purely personal nature (e.g., in-room DVD rental, dry cleaning).

Regarding airfare, if significant savings to the FJA would result, you should select a nonrefundable ticket when circumstances permit, using the same judgment as when making your personal travel arrangements. In case of an unforeseen and urgent need to cancel or change the flight, you would still be eligible for reimbursement.

If you have any questions, please feel free to contact Kristen Jones at [fja@federaljudgesassoc.org](mailto:fja@federaljudgesassoc.org) or (240) 404-6489.

Thank you.

## Travel Reimbursement Form

Full Name \_\_\_\_\_

Court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Function \_\_\_\_\_ Dates of travel \_\_\_\_\_

### Please provide receipts for the following:

Hotel.....\$ \_\_\_\_\_

Airfare/Train.....\$ \_\_\_\_\_

Personal vehicle travel \_\_\_ miles @ \$.545 Per miles.....\$ \_\_\_\_\_

Parking expenses.....\$ \_\_\_\_\_

Ground transportation.....\$ \_\_\_\_\_

Meals.....\$ \_\_\_\_\_

**Total expenses claimed**.....\$ \_\_\_\_\_

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

Check made payable to (include address if different from above)

*\*\*Requests for reimbursement must be received in the FJA office within 30 days to qualify for reimbursement.*