

Guidelines for Travel Reimbursement**

(as of January 28, 2020)

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 ... Grace Jan, FJA SVP, Meetings Management
fja@federaljudgesassoc.org

Via Mail..... Grace Jan, CAE, CMP
Federal Judges Association
1300 Piccard Drive, Suite LL 14
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 \$0.575/mile).
- Daily parking fees, including airport parking.
- Taxi fare, commuter transit fare, tolls.
- Reasonable cost of meals.
- Gratuities and tips.
- The Brown Hotel room and tax will go on the FJA Master Account.
- Please note that FJA will only provide hotel accommodations for one night. To make a request to extend your hotel reservation please contact Grace Jan at fja@federaljudgesassoc.org.

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

Regarding airfare, if significant savings to the FJA would result, you should select a nonrefundable ticket 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 Grace Jan at fja@federaljudgesassoc.org or (240) 404-6479.

Thank you

Travel Reimbursement Form

Full Name _____

Court _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

Function Dates of Travel _____

Please provide receipts for the following:

Airfare \$ _____

Train \$ _____

Personal vehicle travel _____ miles @ \$0.575 per mile \$ _____

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.