

Guidelines for Travel Reimbursement^{**}

(as of September 9, 2021)

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.....Julianne Clarke, Member Services Manager
fja@federaljudgesassoc.org

Via Mail.....Juianne Clarle
 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 \$0.56/mile).
- Daily parking fees, including airport parking.
- Taxi fare, commuter transit fare, tolls.
- Reasonable cost of meals.
- Gratuities and tips.
- The Bellevue 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 any additional requests 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 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 Julianne Clarke at fja@federaljudgesassoc.org or (240) 760-2461.

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 @ \$.56 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.