

BELOW ARE SOME GUIDELINES TO HELP EXPEDITE THE REQUEST/APPROVAL PROCESS FOR FUNDING

**Requirements**

- Ability to pay all expenses until the program is complete.
- Submit completed form to JEC at least **90 days** before the first day of travel. We will only accept requests received prior to travel.
- **Must** include a copy of the program brochure/agenda.

**Procedures**

Review funding and reimbursement policies at:

<http://jec.unm.edu/contact-jec/travel-scholarships-1>.

Complete, print, and sign. Incomplete requests will delay review process.

Submit request to JEC:

**E-mail:** [chensley@unm.edu](mailto:chensley@unm.edu)

JEC will respond to requests via email, unless otherwise indicated, no later than 15 business days after receiving request.

**Questions?**

Contact Cynthia Hensley at 505.277.2097 or via email at [chensley@unm.edu](mailto:chensley@unm.edu).

**Eligibility**

We will only reimburse travel expenses for members of the New Mexico judiciary who have:

- applied for travel funding to an educational program by submitting our funding request form; and
- have been approved for travel funding prior to travel.

**Travel Expenses We Reimburse**

<b>Expense</b>	<b>Expense Description</b>	<b>Receipt Required?</b>
Airfare	Reasonably priced coach airfare (i.e., 30 days advance purchase).	Yes – showing method of payment and itinerary.
Airport Parking	Long-term airport parking.	Yes
Ground Transportation	Taxi, shuttle, subway to/from airport provided a free shuttle service is not available.	Yes
Lodging	Room and tax only up to the published conference room rate. For room charges exceeding the published rate, the difference will not be borne by JEC.	Yes – showing method of payment and <b>zero balance due.</b>
Meals	IRS meal per diem rate (M&IE column) for the destination city for any meals that you purchased that were not provided at the program you attended. The IRS meal chart can be found at <a href="http://www.gsa.gov">www.gsa.gov</a> .	No
Mileage	Minimum of 30 miles one-way at \$0.46 per mile with personal vehicle. Map mileage will be used from court city to/from originating airport. Mileage used in lieu of air travel will only be reimbursed up to the cost of economy airfare.	No
Registration Fee	Reimbursement up to early bird rate.	Yes – showing method of payment and <b>zero balance due.</b>

**Travel Expenses We Do Not Reimburse**

- **Non-member registration, membership fees, and guest fees**
- **Continuing Legal Education credits**
- **Personal expenses:** postage, alcohol, room service, telephone calls, laundry, movies, entertainment, etc
- **Cancellations or changes:** any fees incurred due to changes
- **Car rental and associated expenses:** exceptions to this will only be considered if there are extenuating circumstances and if a written request is submitted to and approved by JEC prior to travel

**APPLICANT INFORMATION**

Name (including middle initial): \_\_\_\_\_

Job Title: \_\_\_\_\_ How long on the bench or in this position? \_\_\_\_\_

Court: \_\_\_\_\_ Division/Department: \_\_\_\_\_

Court Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Your direct phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_ CC E-mail/phone number: \_\_\_\_\_

Optional: (i.e., TCAA, Admin. Asst.)

Have you received travel funding from JEC in the past? Yes \_\_\_ No \_\_\_

If No, please provide your Social Security Number (required for reimbursement): \_\_\_\_\_

Please call Cynthia directly if uncomfortable providing ss# on this form

**CONFERENCE/COURSE INFORMATION**

Name of Conference/Course: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Has JEC funded your travel to a non-JEC sponsored conference/course in the last 3 years? Yes \_\_\_ No \_\_\_

If yes, please provide the program name and year. If you attended more than one in the last 3 years, please list all of them.

Please explain why this program will be of benefit to you, your court, and/or the state of New Mexico. If you have previously attended this conference/course, explain why this program was of benefit and how you see it to be of continual benefit.

**COST ESTIMATE**

Please only include the estimated costs that you would like JEC to reimburse.

<b>Registration/Tuition Fee(s):</b>	_____	<b>Meals:</b>	_____
<b>Airfare:</b>	_____	<b>Ground Transportation:</b>	_____
<b>Lodging:</b>	_____	<b>Misc.</b>	_____
<b>Mileage:</b>	_____	<b>Total Estimated Costs:</b>	_____

**I certify that the facts stated are true and correct to the best of my knowledge and belief and if funded I will comply with the reimbursement policy.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Additional:**

**FOR JEC USE ONLY**

JEC Approval      Yes \_\_\_\_      No \_\_\_\_      Date: \_\_\_\_\_      Project: \_\_\_\_\_

All travel expenses approved?      Yes \_\_\_\_      No \_\_\_\_      Max. amount approved: \_\_\_\_\_

If not approved, reason why: