

JEC will only reimburse expenses for those who have submitted a JEC Funding Request and been approved by JEC prior to the start of the educational program.

For a detailed listing of JEC's travel policies and procedures, please refer to the JEC Travel Scholarships page at <http://jec.unm.edu/contact-jec/travel-scholarships-1>.

REIMBURSEMENT CHECKLIST: The following documentation needs to be returned to JEC after program is complete.

Completed and signed reimbursement form.

Conference/course agenda and brochure **must be** submitted.

All original receipts **taped** to an 8 ½ x 11 white piece of paper.

Certificate of Attendance, if applicable. This is **required** for online and in-state reimbursements.

In addition, complete a short JEC Travel Survey. Found at <http://www.surveymonkey.com/s/CTTBHBP>.

Mail documentation no later than 20 days after travel is complete to:

UNM
Judicial Education Center
MSC11 6060
1 University of New Mexico
Albuquerque, NM 87131-0001
Attn: Cynthia Hensley

TIMELINE

- Reimbursement form and associated documentation must be postmarked within 20 days of completion of program.
- Please note that it may take up to 6 weeks for you to receive a reimbursement check.

If you have any questions about your reimbursement, please contact Cynthia Hensley at 505.277.2097 or chensley@unm.edu.

REIMBURSEMENT FORM

NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ ZIP: _____ WORK PHONE: _____

EMAIL: _____

PURPOSE OF TRIP: _____

ORIGIN: _____ DESTINATION: _____

DEPARTURE DATE: _____ TIME: _____ RETURN DATE: _____ TIME: _____

EXPENSES Please check mark the expenses you are claiming and type in the amount. If you are not claiming a particular item, just leave blank. Original itemized receipts are required for reimbursement of these expenses.

REGISTRATION FEE	\$ _____
AIRFARE	\$ _____
GROUND TRANSPORTATION	\$ _____
LODGING (receipt requires \$0 balance due)	\$ _____
MILEAGE @ \$0.45/MILE (map mileage only – no receipt required)	\$ _____
AIRPORT PARKING	\$ _____
MISCELLANEOUS _____	\$ _____
TOTAL	\$ _____

MEAL PER DIEM REIMBURSEMENT Please type in the date and check mark the meals for which you should be reimbursed. If you need additional space, please include on back of this form or on separate sheet of paper. **Meal receipts are not required nor submitted.**

DATE	MEALS		
_____	BREAKFAST	LUNCH	DINNER
_____	BREAKFAST	LUNCH	DINNER
_____	BREAKFAST	LUNCH	DINNER
_____	BREAKFAST	LUNCH	DINNER
_____	BREAKFAST	LUNCH	DINNER
_____	BREAKFAST	LUNCH	DINNER
_____	BREAKFAST	LUNCH	DINNER
_____	BREAKFAST	LUNCH	DINNER

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.

DATE: _____ SIGNATURE: _____