

**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 *via e-mail* to JEC after program is complete.

Completed and signed reimbursement form.

Conference/course agenda/brochure.

Appropriate receipts.

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>.

**E-Mail documentation to:** [bassein@law.unm.edu](mailto:bassein@law.unm.edu) no later than 20 days after travel is complete.

Please note that it may take up to 4 weeks for you to receive a reimbursement check

If you have any questions about your reimbursement, please contact Laura Bassein at 505.277.1083 or [bassein@law.unm.edu](mailto:bassein@law.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

Expense	Expense Description	Receipt Required?
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

# REIMBURSEMENT FORM

NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ DIRECT PHONE No: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

ORIGIN: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**EXPENSES** Please enter the expense amount you are claiming. If you are not claiming a particular item, just leave blank.

REGISTRATION FEE	\$ _____
AIRFARE	\$ _____
LODGING (receipt requires \$0 balance due)	\$ _____
GROUND TRANSPORTATION (to and from airport only)	\$ _____
AIRPORT PARKING	\$ _____
MISCELLANEOUS _____	\$ _____
MILEAGE @ \$0.46/MILE (map mileage only)	

<b>TOTAL</b>	\$ _____
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**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.  
***Receipts are not required/submitted for meals.***

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: \_\_\_\_\_