JC 2007 (REV.12/98)

VOUCHER FOR REIMBURSEMENT JUDICIAL EXPENSES

Voucher No.

Originating Agency	Agency Code	Interest Eligible (Y/N) N	
Payment Date (MM) (DD) (YY) / /	OSC Use Only		Liability Date MM/DD/YY / /

Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date MM/DD/YY / /

Payee Name (Last)	SPACE	FI	SPACE	MI	SPACE	Suffix	IRS Code	IRS Amount

Address	Stat. Type	Statistic	Indicator Dept.	Ind Statewide
Address	Ref/Inv. No. (14 additional spaces) **TRAVEL**			
City / State / Zip	Rev./Inv. Date MM /DD/YY / /			

Court to which you were elected or appointed:	County wherein you are provided with chambers:

For the payment of expenses of Justices and Judges, as provided by Part 1 of the Rules of the Chief Administrator of the Courts, for the performance of judicial duties while actually engaged in

holding a term of the _____Court, in the County of _____ pursuant to a 9 Regular 9 Temporary

assignment of _____ for a total of _____ days, from _____ to _____

Travel Advance 9 Yes 9 No	Paid By Direct Bill 9 Yes 9 No	Corporate Card Used 9 Yes 9 No

1) Indicate All Travel Expenses – Use detail sheet if necessary	Totals	2) Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Billed Directly to Agency (Amex)	
Transportation		Other Direct Bill to Agency (Specify)	
		C. Subtract Amount Paid With Travel Advance	
Meals		D. Other Adjustments (Specify)	
Mileage @ ¢ per mile =			
Incidental Expenses (List)			
Total Travel Expenses - Enter in Section 2 Line A		Total Amount To Be Reimbursed to Traveler	

Judge's or Justice's Certification

I hereby certify that the above expenses were incurred in the rendering of judicial duties to the

_____Court _____ County

and that the balance shown is actually due and owing and that the taxes from which the State is exempt are excluded therefrom.

Date: _____ Signature:_____

Title: _____

Court: _____

State Comptroller's Pre-Audit
Certified For Payment By:

Agency Finance Office Use

I certify that this claim is correct and just, and that this payment is approved

_____

Authorized Signature

_____

Title Date

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig.Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept.	Statewide					