

SUPERIOR COURT JUDGES' ASSOCIATION

Request for Reimbursement of Expenses

Purpose of Expenditure: Meeting Other Date _____

THIS FORM IS TO BE USED ONLY FOR EXPENSES NOT REIMBURSED FROM OTHER SOURCES

Date of Meeting: _____ / _____ / _____
 Month Day Year

Location of Meeting: _____

Name of Committee: _____

Other (Explain): _____

Mail to:
Allison Lee Muller
allison.leemuller@courts.wa.gov
AOC
PO Box 41170
Olympia, WA 98504-1170

RECEIPTS FOR PAID EXPENSES MUST ACCOMPANY THIS VOUCHER. Do not include expenses incurred by non-judicial spouse, or child or guest.		
Item and Description		Amount
I. COMMITTEE MEETING EXPENSES		
Transportation Airfare (<i>coach</i>)	(1)	\$ _____
Ground To and From Terminals (<i>taxi, limousine, etc.</i>)	(2)	\$ _____
Auto: Miles _____ at \$.655 = \$ _____ Parking = \$ _____ Toll = \$ _____	(3)	\$ _____
Other (<i>rental car, etc.</i>): Explain: _____ _____	(4)	\$ _____
Lodging, meals, gratuities and incidentals: _____ _____ _____		
TOTAL COMMITTEE/MEETING EXPENSES (<i>Total Lines 1-5</i>)	(5)	\$ _____
II. NON-COMMITTEE/MEETING EXPENSES (<i>telephone, postage, etc.</i>)		
Explain: _____ _____	(6)	\$ _____
TOTAL REIMBURSEMENT REQUESTED (<i>Total Lines 5 & 6</i>)		\$ _____

Make Reimbursement Check Payable to:

Name: _____

Court Address: _____
due to GR 31.1

Signature: _____

FOR STAFF USE ONLY

Staff approval, if needed: Amount \$ _____

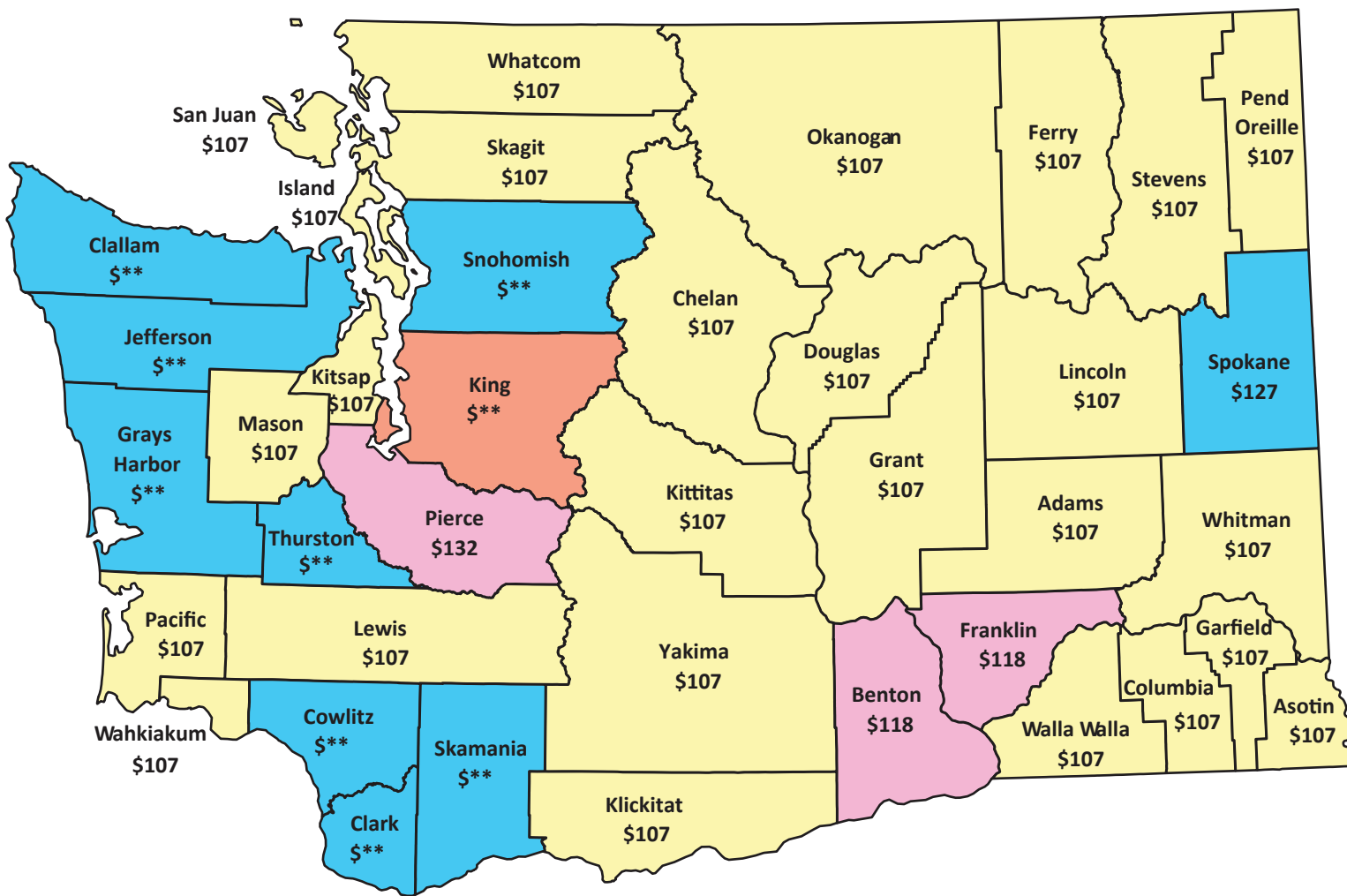
Signature: _____

Treasurer's Action: Amount Paid \$ _____

Check #: _____ Date: _____

Signature: _____

Per Diem Rates - As of October 1, 2023



TOTAL	B	L	D
\$59	\$14	\$17	\$28
\$69	\$17	\$19	\$33
\$74	\$18	\$20	\$36
\$79	\$19	\$22	\$38

Clark, Cowlitz, & Skamania	06/01 - 10/31	\$182
	11/01 - 05/31	\$152
Clallam & Jefferson	07/01 - 08/31	\$219
	09/01 - 06/30	\$129
Grays Harbor	07/01 - 08/31	\$146
	09/01 - 06/30	\$111
King	05/01 - 10/31	\$232
	11/01 - 04/30	\$176
Snohomish	06/01 - 08/31	\$139
	09/01 - 05/31	\$116
Thurston	09/01 - 10/31	\$132
	11/01 - 08/31	\$153

POV Mileage Rate

The privately owned vehicle mileage reimbursement rate is \$0.655 per mile. (effective 1/1/2023)

For Out-of-State Per Diem Rates, refer to the GSA website at: <http://www.gsa.gov>. To get the total meal and incidental expense rate breakdown of individual meal allowances, refer the State Administrative and Accounting Manual (SAAM), Subsection 10.40.10.c