

# 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
<b>I. COMMITTEE MEETING EXPENSES</b>		
Transportation Airfare ( <i>coach</i> )	(1)	\$
Ground To and From Terminals ( <i>taxi, limousine, etc.</i> )	(2)	\$
Auto: Miles _____ at \$.625 = \$_____ Parking = \$_____ Toll = \$_____	(3)	\$
Other ( <i>rental car, etc.</i> ): Explain: _____ _____	(4)	\$
Lodging, meals, gratuities and incidentals: _____ _____		
<b>TOTAL COMMITTEE/MEETING EXPENSES</b> ( <i>Total Lines 1-5</i> )	(5)	\$
<b>II. NON-COMMITTEE/MEETING EXPENSES</b> ( <i>telephone, postage, etc.</i> )		
Explain: _____ _____	(6)	\$
<b>TOTAL REIMBURSEMENT REQUESTED</b> ( <i>Total Lines 5 &amp; 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 \$ \_\_\_\_\_

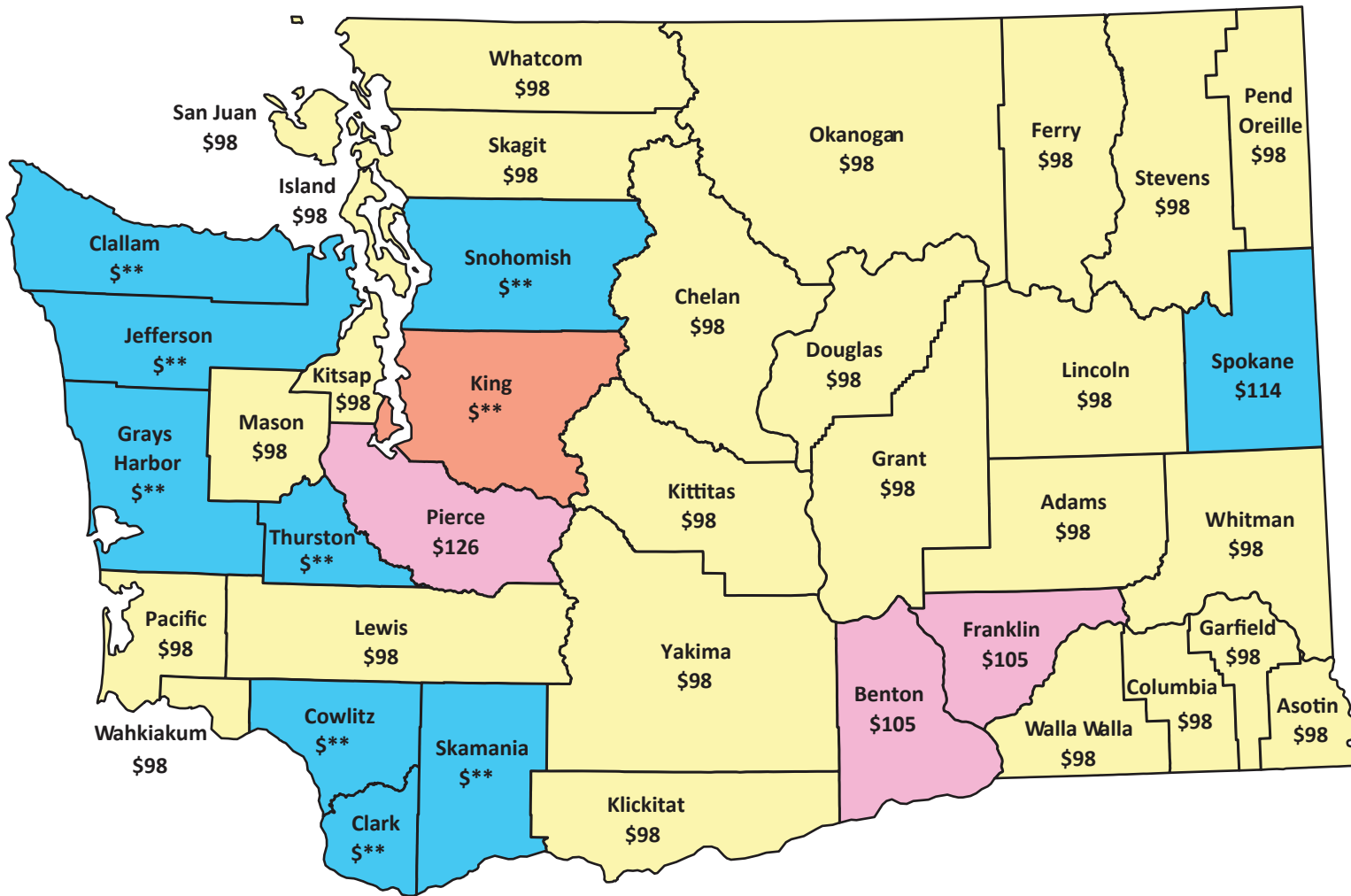
Signature: \_\_\_\_\_

Treasurer's Action: Amount Paid \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Per Diem Rates - As of October 1, 2022



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	\$206
	09/01 - 06/30	\$113
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	\$120
	11/01 - 08/31	\$140

**POV Mileage Rate**

The privately owned vehicle mileage reimbursement rate is \$0.625 per mile. (effective 7/1/2022)

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