

DISTRICT AND MUNICIPAL COURT JUDGES' ASSOCIATION

Request for Reimbursement

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

Name of Judicial Officer Requesting Reimbursement: _____

Must check one: Pro Tem Reimbursement Legislative Testimony - Bill Number: _____

Meeting (including w/legislators) Other: _____

Meeting/Activity Date: _____

Meeting/Activity Name: _____

Meeting/Activity Location: _____

Other (Explain): _____

RECEIPTS FOR PAID EXPENSES MUST ACCOMPANY THIS REQUEST FORM
Do not include expenses incurred by non-judicial spouse, or child or guest

Submit Request to:

- Committee Chair for a Committee expense; and then Tracy Dugas;
- For other expenses: Tracy Dugas
tracy.dugas@courts.wa.gov

Item and Description	Amount
I. PRO TEM REIMBURSEMENT	
Certified Court Reimbursement Rate: \$ _____	
Claim Amount and Hours Worked: _____ (1)	\$
Pro Tem Judge Name: _____	
II. MEETING EXPENSES	
Airfare (<i>coach</i>) _____ (2)	\$
Taxi, Shuttle, or Public Transport To and From Terminals _____ (3)	\$
Auto: Miles _____ at \$.67 = \$ _____ Parking = \$ _____ Toll = \$ _____ (4)	\$
Other (<i>rental car, etc.</i>): Explain: _____ (5)	\$
Lodging, Meals, Gratuities and Incidentals: _____ (6)	\$
III. OTHER EXPENSES (<i>telephone, postage, etc.</i>)	
Explain: _____ (7)	\$
TOTAL REIMBURSEMENT REQUESTED (Total Lines 1-7)	\$

Travel Check Payable to:
Name: _____
Address: _____

Pro Tem Check Payable to:
Name: _____
Address: _____

FOR OFFICE USE ONLY

Committee Chair Approval: Amount \$ _____

Signature: _____

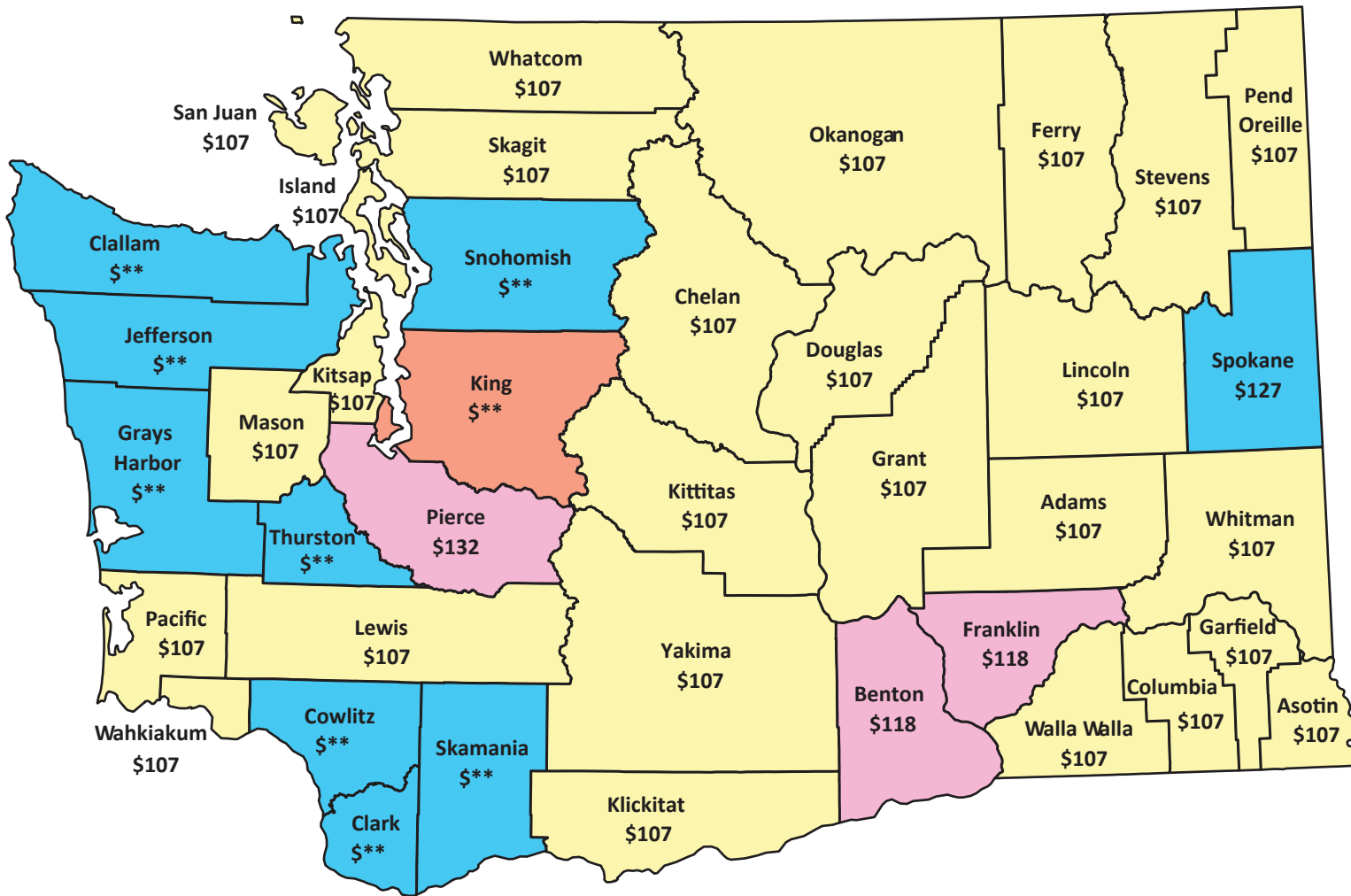
Treasurer's Action: Amount Paid \$ _____

Travel Paid: \$ _____ Check #: _____

Pro Tem Paid: \$ _____ Check #: _____

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 \$0.67 per mile. (effective 1/1/2024)

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