

# 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](mailto:tracy.dugas@courts.wa.gov)

Item and Description	Amount
<b>I. PRO TEM REIMBURSEMENT</b> Certified Court Reimbursement Rate: \$ _____ Claim Amount and Hours Worked: _____ (1) Pro Tem Judge Name: _____	\$
<b>II. MEETING EXPENSES</b> Airfare ( <i>coach</i> ) _____ (2)	\$
Taxi, Shuttle, or Public Transport To and From Terminals _____ (3)	\$
Auto: Miles _____ at \$.70 = \$ _____ Parking = \$ _____ Toll = \$ _____ (4)	\$
Other ( <i>rental car, etc.</i> ): Explain: _____ (5)	\$
Lodging, Meals, Gratuities and Incidentals: _____ (6)	\$
<b>III. OTHER EXPENSES</b> ( <i>telephone, postage, etc.</i> ) Explain: _____ (7)	\$
<b>TOTAL REIMBURSEMENT REQUESTED</b> (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: \_\_\_\_\_

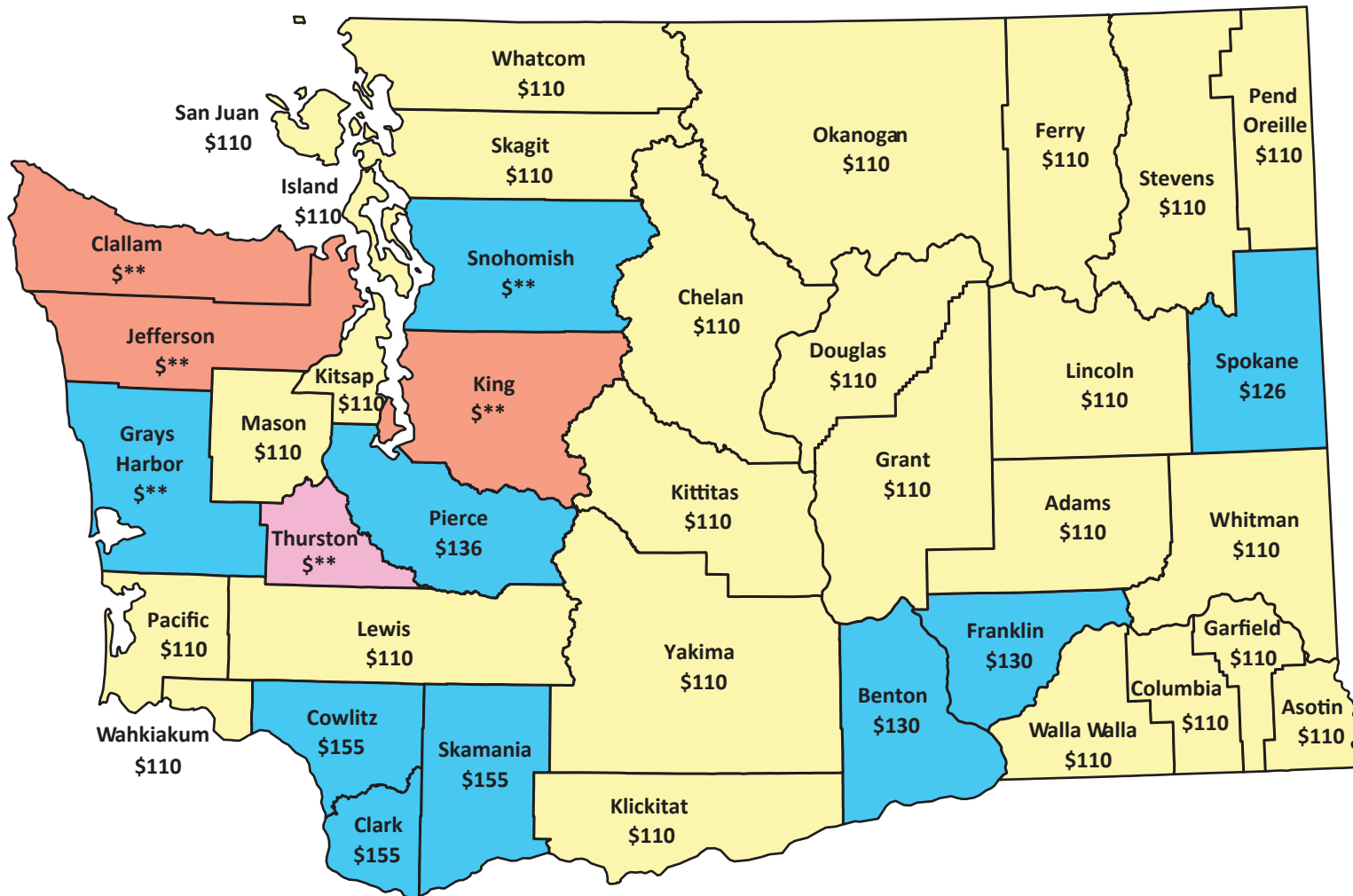
Treasurer's Action: Amount Paid \$ \_\_\_\_\_

Travel Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

Pro Tem Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

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

# Per Diem Rates - As of October 1, 2024



## Meal Rates

TOTAL	B	L	D
\$68	\$17	\$20	\$31
\$80	\$20	\$24	\$36
\$86	\$22	\$25	\$39
\$92	\$24	\$27	\$41

## \$ Maximum Lodging Rate

### \*\* Seasonal Lodging Rates for Counties:

Clallam & Jefferson	07/01 - 08/31	\$235
	09/01 - 06/30	\$137
Grays Harbor	07/01 - 08/31	\$132
	09/01 - 06/30	\$110
King	06/01 - 09/30	\$248
	10/01 - 05/30	\$188
Snohomish	06/01 - 08/31	\$140
	09/01 - 05/31	\$113
Thurston	07/01 - 08/31	\$175
	09/01 - 11/30	\$128
	12/01 - 06/30	\$151

## POV Mileage Rate

The privately owned vehicle mileage reimbursement rate is \$0.70 per mile.  
(effective 1/1/2025)

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