



Judicial Council of Georgia
Administrative Office of the Courts
 244 Washington St., S.W. Suite 300
 Atlanta, GA 30334
 Tel 404-656-5171

Expense Reimbursement Form

Employee Name:	Date:
Division:	Fund Source/Project:

I attest that the following items or services purchased were for use by the Judicial Council of Georgia / Administrative Office of the Courts (JC/AOC) or were for the professional development of the JC/AOC employee listed above. All listed tangible items are now the property of the JC/AOC and I no longer have any ownership. This form serves as my request for reimbursement of my personal funds from the JC/AOC. All receipts and supporting documentation are attached.

Description of Purchase	Justification for Purchase	Amount
Reimbursement Total		

Employee's Signature: _____ **Date:** _____

Approver's Signature: _____ **Date:** _____