

Request for Reimbursement of Travel Expenses

NORTH CAROLINA LIBRARY ASSOCIATION

Name: _____

Date: _____

Address: _____

Section, Round Table, Committee, etc.: _____

Destination/Purpose of Trip(s): _____

Time and date leaving: _____ **Time and date returning:** _____

Summary of Reimbursable Expenses (State rates for instate/out-of-state)

No of Each Meal Rate

Meals:Breakfast(s) _____ x \$ 6.50/6.50 = \$ _____

Lunch(es) _____ x \$ 8.50/8.50 = \$ _____

Dinner(s) _____ x \$14.50/16.50 = \$ _____

Type of Transportation: _____ \$ _____

Lodging (attach receipt): \$55.50/66.00\$ _____

Registration (attach receipt): \$ _____

Mileage: ___ miles x \$0.36 = \$ _____

Other:(Explain & attach receipts): _____ \$ _____

Total Due \$ _____

SUBMITTED FOR PAYMENT:

Signature of Requestor

Date

APPROVED FOR
PAYMENT: _____

Signature of Chair or President

Date

(Do not write in this space – For use by Treasurer only)

Check Number: _____ Date: _____

Budget Code: _____ Signature of Treasurer: _____