

State of North Carolina

Request for Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty - Including Per Diem

INSTRUCTIONS TO CLAIMANT: Prepare three (3) copies. Attach all necessary receipts and other supporting documents to this form and submit the original and one (1) copy to your Budget or Business Office. Retain one (1) copy for your records.

Department or Institution			Division			Budget Code		
Payee's Name			Title			Headquarters (City)		
Payee's Address			Date Submitted			Total Cost		\$ 0.00
						Less Advance		
From	Period covered by this voucher	To	Date of Out-of-State Travel Auth.			Reimbursement		\$ 0.00

This is a true and accurate statement of expenses incurred in the service of the State

I certify that the expenses incurred are necessary and proper and amounts claimed are just and reasonable.

(Claimant)				(Head)						
TRAVEL (show each city visited)				TRANSPORTATION		SUBSISTENCE			OTHER EXPENSES	
Day	From	To	(1) Mode	Daily Private Car Mileage	Amount	(2) Type	In-State	Out-of-State	Explanation	Amount
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00

(1) Mode of Travel: P - Pre-Owned Car A - Air O - Other, rail or bus R - Rental Car	(2) Type of Subsistence B - Breakfast L - Lunch D - Dinner H - Room	Total Transportation \$ 0.00	Total Authorized Subsistence \$ 0.00	Total Authorized Subsistence \$ 0.00	Total Other Expenses \$ 0.00
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TRAVEL (show each city visited)			TRANSPORTATION		SUBSISTENCE			OTHER EXPENSES		
Day	From	To	(1) Mode	Daily Private Car Mileage	Amount	(2) Type	In-State	Out-of-State	Explanation	Amount
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
			P		\$ 0.00	B				
			A			L				
			O			D				
			R			H				
						Total	\$ 0.00	\$ 0.00		\$ 0.00
					Total Transportation		Total Authorized Subsistence	Total Authorized Subsistence	Total Other Expenses	
					\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	