

## NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE DISCHARGE OF OFFICAL DUTY

INSTRUCTION TO CLAIMANT: Submit one original to the Division of State Accounting Services Accounts Payable Office. Attach all necessary receipts and other supporting documents to this form. Retain (1) copy for your records. *(Please complete company, amount, account, and center fields.)* **Must be filed at least monthly and not later than 30 days after month ends. Must be prepared in ink or typed.**

Payee's Name (First, Middle Initial, Last)	Division/Section
Payee's Address (Street)	Social Security Number
(City, State, Zip)	Title
Comments:	

*Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State. I have examined this reimbursement request and certify that it is just and reasonable.*

\_\_\_\_\_  
(CLAIMANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SUPERVISOR)

\_\_\_\_\_  
(DATE)

*NOTE: ORIGINAL SIGNATURE AND DATES ARE REQUIRED FOR PROCESSING*

<b>Period Covered by this Request</b>	<b>Total Expenses Claimed/GROSS AMOUNT</b>
<b>From:</b>	Less Travel Advance <input type="checkbox"/> Trip Advance <input type="checkbox"/> Annual Advance <input type="checkbox"/>
<b>To:</b>	<b>Net Reimbursement</b>

Day	TRAVEL (Show Each City Visited)		TRANSPORTATION				SUBSISTENCE			OTHER EXPENSES	
	From	To	(1) M O D E	Daily Private Car Mileage	In-State	Out- of- State	(2) T Y P E	In-State	Out- of- State	Explanation	Amount
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
					<b>TOTAL TRANS.</b>	<b>TOTAL TRANS.</b>		<b>TOTAL SUBS.</b>	<b>TOTAL SUBS.</b>		<b>TOTAL OTHER EXP.</b>

(1) Mode of Travel:  
P - Private Car  
A - Air  
O - Other, rail, bus, taxi  
tolls, parking fees  
R - Rental car

(2) Type of Subsistence:  
B - Breakfast  
L - Lunch  
D - Dinner  
R - Room (Housing)  
Tot-24-hr. period total

(3) Daily total for subsistence not to exceed authorized amount for in-state or out-of-state travel.

Day	TRAVEL (Show Each City Visited)		TRANSPORTATION				SUBSISTENCE			OTHER EXPENSES	
	From	To	(1) M O D E	Daily Private Car Mileage	In-State	Out- of- State	(2) T Y P E	In-State	Out- of- State	Explanation	Amount
Totals Brought Forward											
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
			P	@ ¢			B				
			A				L				
			O				D				
			R				H				
			P	@ ¢			Tot.				
						<b>TOTAL TRANS.</b>	<b>TOTAL TRANS.</b>	<b>TOTAL SUBS.</b>	<b>TOTAL SUBS.</b>	<b>TOTAL OTHER EXP.</b>	

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