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)

<table>
<thead>
<tr>
<th>No of Each</th>
<th>Meal Rate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals:</td>
<td>Breakfast(s)</td>
<td>$6.50/6.50</td>
</tr>
<tr>
<td>Lunch(es)</td>
<td>$8.50/8.50</td>
<td>$_______</td>
</tr>
<tr>
<td>Dinner(s)</td>
<td>$14.50/16.50</td>
<td>$_______</td>
</tr>
</tbody>
</table>

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: ________________________

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