

# Request for Reimbursement of Travel Expenses

## NORTH CAROLINA LIBRARY ASSOCIATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Section, Round Table, Committee, etc.: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip(s): \_\_\_\_\_

### Summary of Reimbursable Expenses

#### In-State/Out-of-State

Meals:

<i>Breakfast(s)</i>	\$ 7.50/7.50 X _____ = \$ _____
<i>Lunch(es)</i>	\$ 9.75/9.75 X _____ = \$ _____
<i>Dinner(s)</i>	\$16.75/19.00 X _____ = \$ _____

Transportation: \$ \_\_\_\_\_

Lodging (attach receipt): \$63.75/75.50 \$ \_\_\_\_\_

Registration (attach receipt): \$ \_\_\_\_\_

Mileage \$ .505 X \_\_\_\_\_ miles = \$ \_\_\_\_\_

Other (explain & attach receipts): \$ \_\_\_\_\_

**Total Due** \$ \_\_\_\_\_

SUBMITTED FOR PAYMENT \_\_\_\_\_

Signature of Requestor

Date

APPROVED FOR PAYMENT \_\_\_\_\_

Signature of Chair or President

Date

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

Check Number : \_\_\_\_\_ Account \_\_\_\_\_ Date \_\_\_\_\_

Budget/Fund: \_\_\_\_\_

Signature of Treasurer \_\_\_\_\_