18AA-417 (REV. 2/92)

## 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)					Socia	l Security N	ımber					
(City, State, Zip)					Title							
Comment	ts:											
	penalties of perjury I ce ned this reimbursement i				city of lodgi	ng, expenses	and all	owances incu	erred in the se	ervice of the Stat	e. I have	
(CLAIMANT) (DATE)					(SUPERVISOR) (DATE)							
			RIGINAL	SIGNATURE AN								
Period C	overed by this Request	t			Tot	al Expenses	Claim	ed/GROSS A	MOUNT			
From:				Less Travel Adv	vance 🗆 🦪	Trip Advanc	ee 🗆	Annual Ad	vance $\square$			
								Net Reimb	oursement			
To:												
	TRAVEL (Show Eac	h City Visited)	T	TRANSPO	RTATION			SUBSISTEN	CE	OTHER EXPENSES		
Day	From	То	(1) M O D	Daily Private Car Mileage	In-State	Out- of- State	(2) T Y P	In-State	Out- of- State	Explanation	Amount	
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			A				L					
			0				D					
			R P	@ ¢			H Tot.					
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			P	@ ¢	TOTAL	TOTAL	Tot.	TOTAL	TOTAL		TOTAL	
(1) Mode of Travel: (2) Type of Subsistence: P - Private Car B- Breakfast A - Air L - Lunch				TRANS.	TRANS.		SUBS.	SUBS.		OTHER EX		
O – Other, tolls, pa	rail, bus, taxi D - Dinner urking fees R - Room (H Tot-24-hr. pe	(ousing) eriod total			(3)	Daily total for s in-state or out-o		e not to exceed at	L thorized amount	for		

TRAVEL (Show Each City Visited)			TRANSPO	RTATION	·		SUBSISTEN	ICE	OTHER EX	KPENSES	
ay	From	То	(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
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P - Private Car
A - Air
O - Other, rail, bus, taxi
tolls, parking fees
R - Rental car

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.