

STATE OF NORTH CAROLINA
Judicial Branch Of Government

**REIMBURSEMENT OF TRAVEL AND
OTHER EXPENSES INCURRED IN THE
DISCHARGE OF OFFICIAL BUSINESS**

G.S. 138-6

INSTRUCTIONS: Prepare two typewritten copies. Forward the original copy of this form and all necessary receipts/supporting documents (hotel, registration, parking, airline, rail, bus, out-of-state authorization) to the Administrative Office of the Courts, Attn: Financial Services Division, Courier Box 56-10-50, Raleigh, NC, OR if courier is not available, mail to PO Box 2448, Raleigh, NC 27602. Retain a copy for your records.

- | | | | | | |
|--|---|---|---|--|--------------------------|
| <input type="checkbox"/> Director's Office | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Public Defender's Office | <input type="checkbox"/> DA's Conference | <input type="checkbox"/> |
| <input type="checkbox"/> Sr. Deputy Director | <input type="checkbox"/> Print Shop | <input type="checkbox"/> Court of Appeals | <input type="checkbox"/> Special Counsel's Office | <input type="checkbox"/> Guardian ad Litem | |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Court Svcs. | <input type="checkbox"/> Superior Court | <input type="checkbox"/> Appellate Defender | <input type="checkbox"/> Sentencing Comm. | |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Technology Svcs. | <input type="checkbox"/> District Court | <input type="checkbox"/> Judicial Standards Comm. | <input type="checkbox"/> Dispute Res. Comm. | |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> General Counsel | <input type="checkbox"/> CSC's Office | <input type="checkbox"/> District Attorney's Office | <input type="checkbox"/> Indigent Def. Svcs. | |

Payee's Name And Address <input type="checkbox"/> Check If Name Or Address Change	Title		Headquarters (city)	
	Social Security No. (last 4 digits)	Travel For (month and year)	Date Request Prepared	

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. _____ Signature Of Claimant	I have examined this reimbursement request and certify that it is just and reasonable. _____ Signature Of Supervisor	Total Cost	\$
		Less Advance	\$
		Reimbursement	\$

FOR USE BY NCAOC FINANCIAL SERVICES DIVISION

COMPANY	ACCOUNT	CENTER	AMOUNT	Date
	532714			Verified And Approved For Payment:
	532721			
	532724			

Day	TRAVEL (show each city visited)		TRANSPORTATION			SUBSISTENCE			OTHER EXPENSES	
	From	To	(1) Mode	Daily Private Car Mileage	Amount	(2) Type	In-State	Out-of-State	Explanation	Amount
			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	Category Totals For This Day:									
			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	Category Totals For This Day:									
CATEGORY TOTALS:					Transport.		In-State	Out-of-State		Other Exp.

- | | | | |
|-------------------------|--------------------------|---------------|---------------|
| (1) Mode of Travel: | (2) Type of Subsistence: | In-State | Out-of-State |
| P - Privately-owned car | B - Breakfast | \$ 8.40 | \$ 8.40 |
| A - Air | L - Lunch | \$ 11.00 | \$ 11.00 |
| B - Bus | D - Dinner | \$ 18.90 | \$ 21.60 |
| R - Rail | H - Hotel | \$ 71.20+ Tax | \$ 84.10+ Tax |
| | 24-hr. period | \$ 109.50 | \$ 125.10 |

Check List: (1) Claimant and supervisor signature
(2) Depart and return times required to claim meals
(3) Must have itemized hotel receipt - credit card receipt not accepted.

NOTE: Purpose of trip must be noted, please indicate purpose of trip under city visited.

Payee's Name

Social Security No. (last 4 digits)

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TOTALS BROUGHT FORWARD:										
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			A			L				
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			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	Category Totals For This Day:									
CUMULATIVE CATEGORY TOTALS:					Transport.		In-State	Out-of-State		Other Exp.

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