

STATE OF NORTH CAROLINA Judicial Branch Of Government	REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE DISCHARGE OF OFFICIAL BUSINESS
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G.S. 138-6

INSTRUCTIONS: Prepare two typewritten copies. Forward the original copy of this form and all necessary receipts/supporting document (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 P. O. Box 2448, Raleigh, NC 27602. Retain copy for your records.

<input type="checkbox"/> Directors Office	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Public Defender's Office	<input type="checkbox"/> DA's Conf.	<input type="checkbox"/> Office Ind. Def.
<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 Def's Sers.	<input type="checkbox"/> Sentencing Services	
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Technology Svcs	<input type="checkbox"/> District Court	<input type="checkbox"/> Judicial Standards Comm.	<input type="checkbox"/> Sentencing Comm.	
<input type="checkbox"/> Purchasing	<input type="checkbox"/> Legal Svcs	<input type="checkbox"/> CSC's Office	<input type="checkbox"/> District Attorney's Office	<input type="checkbox"/> Dispute Res. Comm.	

Payee's Name And Address	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.	I have examined this reimbursement request and certify that it is just and reasonable.	Total Cost	
		Less Advance	
		Reimbursement	
<small>(Signature Of Claimant)</small>	<small>(Signature Of Supervisor)</small>		

FOR USE BY NCAOC FINANCIAL SERVICES DIVISION

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

Day	TRAVEL (Show Each City Visited)		TRANSPORTATION		SUBSISTENCE		OTHER EXPENSES		
	From	To	(1) Mode	Daily Private Car Mileage	(2) Type	In-State	Out-of-State	Explanation	Amount
			P		B				
			A		L				
	Purpose of Trip:		B		D				
	Depart Time	Return Time	R		H				
			P		Total				
			A		B				
					L				
	Purpose of Trip:		D		H				
	Depart Time	Return Time	R		Total				
			P		B				
			S		L				
	Purpose of Trip:		B		D				
	Depart Time	Return Time	R		H				
			P		Total				
			A		B				
					L				
	Purpose of Trip:		D		H				
	Depart Time	Return Time	R		Total				
			P		B				
			A		L				
	Purpose of Trip:		D		H				
	Depart Time	Return Time	R		Total				

(1) Mode of Travel:	(2) Type of Subsistence:	In-State	Out-of-State	Total Trans.	Total Auth. Sub.	Total Auth. Sub.	Total Other Exp.
P-Pr-owned car	Breakfast	\$ 8.20	\$ 8.20				
A-Air	Lunch	\$ 10.70	\$ 10.70				
B-Bus	Dinner	\$ 18.40	\$ 20.90				
R-Rail	Room	\$ 65.90 + Tax	\$ 77.90 + Tax				
	24-hr. period	\$ 103.20	\$ 117.70				

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.

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
TOTALS BROUGHT FORWARD										
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			S			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
			P			B				
			A			L				
						D				
	Purpose of Trip:		B			H				
	Depart Time	Return Time	R			Total				
					Total Trans.			Total Auth. Sub.	Total Auth. Sub.	Total Other Exp.

