

**North Carolina School Library Media Association
Travel Expense Reimbursement Form**

Name (Print)	
Address	
City/Zip	
Title of Event	

NOTE: DETAILED, ORIGINAL RECEIPTS WITH ZERO BALANCES ARE REQUIRED FOR REIMBURSEMENT. SEE NCSLMA GUIDELINES FOR REIMBURSEMENT OF TRAVEL EXPENSES BEFORE COMPLETING THIS FORM.

Travel		Transportation				Subsistence		Other	
Date	From/To Location	Mode	Auto Miles	Rate	Amount	Type	Amount	Description	Amount
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total	Total		Total	
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total	Total		Total	
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total	Total		Total	
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total	Total		Total	

Trip Total	
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This is a true and accurate statement of expenses incurred while on official NCSLMA business or while participating in an NCSLMA Member Opportunity.

Payee Signature _____	Date _____
Authorized Signature (i.e., Comm. Chair) _____	Date _____

The treasurer must receive this form and all receipts no later than 60 days after travel is complete.

Treasurer's Signature _____
Date _____

See *Current Maximum Travel Reimbursement Rate* document for rates.