

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	
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total			Total	
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total			Total	
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total			Total	
		Pvt Auto				Brkfst			
		Air				Lunch			
		Other				Dinner			
		Rental				Hotel			
					Total			Total	
								Total	
								Trip Total	

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.