

**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: 1) Forward the completed form and all necessary receipts/supporting documents (hotel, registration, parking, advance approval, etc.) to AccountsPayable@nccourts.org.
 2) Travel relating to a Judicial Branch-sponsored event should be submitted on this form by itself and should not be commingled with other types of travel.
 3) Consult the Judicial Branch Travel Policy for the current mileage reimbursement rates, subsistence rates and other criteria.

<input type="checkbox"/> Supreme Court <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Superior Court <input type="checkbox"/> District Court <input type="checkbox"/> Clerk's Office <input type="checkbox"/> District Attorney's Office	<input type="checkbox"/> Public Defender's Office <input type="checkbox"/> Special Counsel's Office <input type="checkbox"/> Appellate Defender <input type="checkbox"/> IDS Other: _____	<input type="checkbox"/> Specialty Court, Grant, or Conference/Commission: _____	<input type="checkbox"/> AOC Division/Section: _____ Name of Judicial Branch-sponsored event, if applicable: _____
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Requester Name And Address <input type="checkbox"/> Check If Name Or Address Change	Job Title	County/District
Requester Email Address		
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. If Federal GSA standard lodging rates are used, I affirm that I complied with the policy criteria for such rates.	I have examined this reimbursement request and certify that it is just and reasonable. Supervisor Name _____	Total Cost	\$
Requester Signature _____	Supervisor Signature _____	Less Advance	\$
		Reimbursement	\$

RATE INFORMATION

Consult the Judicial Branch Travel Policy for - current approval authorities - mileage reimbursement rates - per diem/subsistence rates - additional information	Per Diem and Lodging Rates Effective July 1, 2023	In-State	Out-of-State
	Overnight Status (100% of max per diem)	\$ 46.50	\$ 49.70
	Partial Travel Day (75% of max per diem)	\$ 34.86	\$ 37.28
	Custom Amount		
	Breakfast	\$ 10.10	\$ 10.10
	Lunch	\$ 13.30	\$ 13.30
	Dinner	\$ 23.10	\$ 26.30
Mileage Reimbursement Rates Effective January 1, 2023			
Standard Rate	\$ 0.655/mile	Lodging - State rate or allowable Federal GSA rate. Consult the Travel Policy for information.	\$ 89.10 \$ 105.20
Lowest Rate	\$ 0.40/mile		

INITIAL DAY OF TRAVEL (record additional days on attached pages)

Travel Summary	Transportation and Misc.	Amount	Subsistence	Amount
Date <input type="checkbox"/> In-State Travel <input type="checkbox"/> Out-of-State Travel	Personal Vehicle Mileage miles	Reimbursement Rate \$/mile	Overnight Status 100% of max per diem	\$
From	Other Transportation	\$	Partial Travel Day 75% of max per diem	\$
To	Miscellaneous	\$	Custom Amount Use the per diem rates	\$
Purpose Of Trip	Miscellaneous	\$	Lodging <input type="checkbox"/> Exceeds State/GSA rate	\$
TOTAL FOR THE DAY		\$		

FOR USE BY NCAOC FISCAL SERVICES DIVISION

BUDGET FUND	ACCOUNT	CENTER	AMOUNT	Date
	Ground Transp./Mileage			Verified And Approved For Payment:
	Lodging/Hotel			
	Meals/Subsistence			

Requester Name

DAYS OF TRAVEL (continued)

Travel Summary		Transportation and Misc.		Amount	Subsistence	Amount
Date	<input type="checkbox"/> In-State Travel <input type="checkbox"/> Out-of-State Travel	Personal Vehicle Mileage miles	Reimbursement Rate \$/mile	\$	Overnight Status 100% of max per diem	\$
From	Other Transportation			\$	Partial Travel Day 75% of max per diem	\$
To	Miscellaneous			\$	Custom Amount Use the per diem rates	\$
Purpose Of Trip	Miscellaneous			\$	Lodging <input type="checkbox"/> Exceeds State/GSA rate	\$
TOTAL FOR THE DAY	\$					

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