STATE OF NORTH CAROLINA

Judicial Branch Of Government North Carolina Administrative Office Of The Courts

REQUEST FOR SPECIAL TRAVEL AND TRAINING

This form should used to request approval for in-state travel/training for events NOT sponsored by the Judicial Branch, or for any event with expenses that exceed the state subsistence rates. This form should be used for all out-of-state and out-of-country travel/training.									
INSTRUCTIONS: 1) Complete and submit th Branch Travel Policy, A 2) Attach relevant supporti 3) After the travel, submit a c	iis form at least thii ppendix A, for a lis ing documentation	rty (30) days p at of current ap (e.g., brochure	rior to the event proval authoritie es, schedules, le	to the a s. etters, p	appropriat	e approva etc.).	l authority	. Consu	It the Judicial
			NFORMATIO						
Court of Appeals	ourt of Appeals Special Counsel's Office uperior Court Appellate Defender strict Court IDS Other: erk's Office IDS Other:		Specialty Court, Grant, or Conference/Commission:			AOC Division/Section: Name of Judicial Branch-sponsored event, if applicable:			
Requester Name	Job Title				County/District				
Work Address	Email Address					Work Telephone			
CATEGORY (check all that apply)									
Special Training Special Travel	CATEGORY (check all that apply) In-State Out-of-State Out-of-Country Request includes excess charges							oss charges	
Special Training Special Travel				1-01-00	buntry		estinciud	les exc	ess charges
Explain how this travel and/or training relates	s to your job	JU311FI	GATION						
	,								
	-		ENT						
Name of Event	Sponsor and Location of Event (please attach program)				-	Dates of Event From To			
	(product and the program)					1101		10	
PROJECTED EX				6					
Training Tuition/Event Registration Fee		\$							
Transportation Mode	\$								
Lodging Cost per nigh	of nights =	\$	\$						
Hotel Nam		_ 🗆 E	Exceeds State/GSA rate						
Meal Expenses		\$	\$						
Miscellaneous Description		\$							
Total Estimated Cost		\$							
NOTE: Receipts are required for air and othe subsistence is provided at the curren									
Requester Name	Requester Signature					Date			
Supervisor Name	Supervisor Signature (Required)					Date			
AOC APPROVAL: FOR USE BY AOC									
APPROVED Yes No If I	No, explanation:								
Comments/Notes					Approved I	By			
					Date		Cos	st Center	/Remit Code