

STATE OF NORTH CAROLINA
Judicial Branch Of Government
North Carolina Administrative Office Of The Courts

**REQUEST FOR SPECIAL
TRAVEL AND TRAINING**

This form is used to request in-state or out-of-state training, with the exception of conferences sponsored by the Administrative Office of the Courts or the School of Government.

INSTRUCTIONS: Complete and submit within sixty (60) days prior to the training event to the Administrative Office of the Courts, Attn: Financial Services Division-Accounts Payable, Courier Box 56-10-50, Raleigh, NC, OR if courier is not available, mail to PO Box 2448, Raleigh, NC 27602. Attach supporting documentation; e.g., brochures, schedules, letters, programs, etc. Allow 30 days for response. **Travel, lodging, and registration should be arranged by applicant.**

If travel is approved, submit copy of approved Special Travel form along with Request For Reimbursement Form.

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|--|---|---|---|--|---|
| <input type="checkbox"/> Director's Office | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Supreme Court | <input type="checkbox"/> Public Defender's Office | <input type="checkbox"/> DA's Conference | <input type="checkbox"/> Training & Development |
| <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"/> _____ |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Court Svcs. | <input type="checkbox"/> Superior Court | <input type="checkbox"/> Appellate Defender | <input type="checkbox"/> Sentencing Comm. | <input type="checkbox"/> Grant Fund No. |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Technology Svcs. | <input type="checkbox"/> District Court | <input type="checkbox"/> Judicial Standards Comm. | <input type="checkbox"/> Dispute Res. Comm. | _____ |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> General Counsel | <input type="checkbox"/> CSC's Office | <input type="checkbox"/> District Attorney's Office | <input type="checkbox"/> Indigent Def. Svcs. | |

Name Of Applicant		Job Title	County/District
Social Security No. (last four digits)	Work Telephone No.	Work Address	

REASON FOR TRAVEL OR TRAINING

- Special Training - Complete Justification, Program And Projected Expenses Special Travel - Complete Justification And Projected Expenses

JUSTIFICATION

Explain how this training or travel relates to your job:

PROGRAM

Name Of Program	Sponsor And Location Of Program <i>(Please attach program)</i>	Dates Of Program	
		From	To

PROJECTED EXPENSES

Tuition/Registration Fee	\$	Make check payable to (attach form):
Transportation Cost	\$	<input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> State-Owned Vehicle <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Rental Vehicle
Lodging per night	\$	Hotel Name:
Number Of Nights		
TOTAL LODGING	\$	Lodging per night × No. of nights = Total Lodging <input type="checkbox"/> Check if amount is in excess of state rates.
Est. Total Meals	\$	
Miscellaneous	\$	Explanation
Total Estimated Cost	\$	

NOTE: Receipts are required for air and rail transportation, as well as lodging and registration (includes parking, tolls, and ground transportation). Meals are reimbursed at per diem rate.

- Would you be willing to present this information at a future in-state conference? Yes No
Have you been approved for any out-of-state travel in the past 12 months? Yes No
Are you willing to assume any portion of the above expenses? Yes No
If yes, indicate the amount \$

Date	Signature Of Applicant	
Date	Name Of Hiring Authority (type or print)	Signature Of Hiring Authority (Required)

AOC APPROVAL: FOR USE BY AOC

APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explanation:
Comments/Notes	
Approved By	
Date Of Approval	FRC No.