## STATE OF NORTH CAROLINA

**Judicial Branch Of Government North Carolina Administrative Office Of The Courts** PO Box 2448 Raleigh, NC 27602

## **EMPLOYEE** TRAVEL ADVANCE REQUEST

## **INSTRUCTIONS**

INSTRUCTIONS TO REQUESTER: This form must be completed by the employee and submitted at least two weeks prior to the date the advance

is needed. Travel advances for occ \$100 to qualify for an advance. No Special Travel And Training" form (	travel advances will be issued	d during the r	month of Jui	or to the date of one. Submit this co	departure. The ompleted form v	total cost of the trip must with a copy of the "Reque	t exceed est For	
EMPLOYEE INFORMATION								
Court of Appeals Superior Court A	ublic Defender's Office pecial Counsel's Office ppellate Defender DS Other:	l's Office 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		
Reason For Trip		Departure Date				Return Date		
ESTIMATED EXPENSES								
Meals  Lodging (see Note)  Transportation  Tuition/Registration  Other Expenses  Total Estimated Expenses  Percentage Allowance  Total Advance  TEMPORARY ADVANCE: Advance request. Future advances may	ne 1, whichever comes firs	t. Any exce	allowabl eimbursen	e <i>travel expenses</i> nent request, when the ment request, when the ment request, when the ment request is a second to the ment	nich should burned with the	travel reimbursemen	days t	
PLEASE ATTACH A COPY OF I certify that funds requested he immediately on the return from repaid prior to my last day of er I hereby authorize the Admin above from my payroll check	F THIS FORM TO YOUR To rein are to be used for the trip and/or at request of the nployment.  In this strative Office of the Co	TRAVEL RI purpose si e Administr	EIMBURS tated. I furt ative Office	EMENT REQUI ther certify that e of the Courts,	any funds ad <sup>ı</sup> and that any	funds advanced to m	e will be	
Requester Signature	Date		Supervisor S	ignature (Required)		Date		
FOR USE BY NCAOC FISCAL SERVICES DIVISION								
BUDGET FUND	ACCOUNT		CENTER			AMOUNT		
	Travel Advanc	е						
Verified And Approved For Payment			Date		•			
ΔOC-Δ-212 Rev 8/25								