

# STATE OF NORTH CAROLINA

JUDICIAL BRANCH  
 North Carolina Administrative Office of the Courts  
 PO Box 2448  
 Raleigh, NC 27602

## PRIOR APPROVAL AND REIMBURSEMENT FOR REFRESHMENTS AT MEETINGS

**NOTE: A copy of this form must be provided to NCJC cafeteria when orders are placed. The cafeteria will not process orders without an approved form.**

### I. MEETING TITLE

<i>Meeting Title</i>	<i>Meeting Date</i>	<i>Total Hours</i>	<i>Center No.</i>
	<i>Start Time</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>End Time</i>
			<input type="checkbox"/> AM <input type="checkbox"/> PM

### II. CONDITIONS

To qualify for reimbursement, the following conditions must be met:

- The training must last at least three (3) hours.
- The cost allowance is \$3.00 per three-hour meeting, per person, per day, not to exceed \$5.00 per person, per day for full-day meeting (six hours or more, excluding lunch).
- The meeting is not a routine staff meeting.
- There must be a minimum of 12 invitees.
- A printed agenda must be prepared for the meeting.

### III. JUSTIFICATION FOR REFRESHMENTS

Estimated Costs For Refreshments  Number of Invitees _____  Refreshments Allowance Per Person \$ _____  Total Projected Cost \$ _____  *(Actual Cost Cannot Exceed This Amount)	
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### IV. REQUESTED BY

<i>Name Of Requestor</i>	<i>Signature Of Requestor</i>	<i>Date</i>
<i>Name Of Hiring Authority</i>	<i>Signature Of Hiring Authority</i>	<i>Date</i>

### PRIOR APPROVAL REQUIRED

<i>NCAOC Approval</i>	<i>NCAOC Signature</i>	<i>Date</i>
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### V. FOR REIMBURSEMENT AFTER THE EVENT

Attach approved copy of this form with the reimbursement request along with the following:

- Meeting Agenda
- Attendance Log
- Approved Receipt(s)

**Reimbursement for actual cost cannot exceed \$3.00 per three-hour meeting, per person, per day, not to exceed \$5.00 per person, per day for full-day meeting (six hours or more, excluding lunch).**

Send to NCAOC Financial Services - Accounts Payable

#### Actual Invoices To Be Used For Reimbursement

Actual/Approved Receipts	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
Total Actual Receipts <i>(attach receipts)</i>	\$ _____