

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

**PRIOR APPROVAL AND
 REIMBURSEMENT
 FOR WORKING LUNCHES**

I. TRAINING TITLE

<i>Training Title</i>	<i>Event Date</i>	<i>Total Hours</i>
<i>Is There A Scheduled Lunch Break?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Start Time</i> <input type="checkbox"/> AM	<i>End Time</i> <input type="checkbox"/> PM

II. CONDITIONS

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

- The training must be scheduled for a minimum of seven (7) consecutive hours.
- No formal/scheduled break for lunch (invitees are required to stay on-site).
- Providing on-site lunch allows the event to be completed in one day, which eliminates the need for overnight expenses.
- Justification must be completed. Complete Box A and Box B. Box A must be less than Box B.

III. JUSTIFICATION FOR WORKING LUNCH

BOX A	BOX B
Estimated Costs For Working Lunch	Estimated Costs - No Working Lunch But Overnight Stay
Number of Invitees _____	Additional Invitees Requiring Overnight Accommodations _____
Lunch Allowance Per Person \$ 11.80 _____	Lodging Allowance Per Person \$ 78.90 _____
Total Projected Cost \$ _____	Total Projected Cost \$ _____
*(Actual Cost Cannot Exceed This Amount)	

IV. REQUESTED BY

<i>Requestor Name</i>	<i>Requestor Signature</i>	<i>Date</i>
<i>Hiring Authority Name</i>	<i>Hiring Authority Signature</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 Invoice(s)

Actual Invoices To Be Used For Reimbursement

Reimbursement for actual cost cannot exceed current lunch allowance per person multiplied by the number of actual attendees.

Actual/Approved Invoices	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Actual Invoices (attach invoices)	\$ _____

Send to NCAOC Financial Services - Accounts Payable