

**STATE OF NORTH CAROLINA**  
Judicial Branch Of Government

**REIMBURSEMENT OF TRAVEL AND  
OTHER EXPENSES INCURRED IN THE  
DISCHARGE OF OFFICIAL BUSINESS**

G.S. 138-6

**INSTRUCTIONS:** Prepare two typewritten copies. Forward the original copy of this form and all necessary receipts/supporting documents (hotel, registration, parking, airline, rail, bus, out-of-state authorization) to the Administrative Office of the Courts, Attn: Financial Services Division, Courier Box 56-10-50, Raleigh, NC, OR if courier is not available, mail to PO Box 2448, Raleigh, NC 27602. Retain a copy for your records.

- |  |   |   |   |  |   |
|--|---|---|---|--|---|
| <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"/> BAPM                   |
| <input type="checkbox"/> Human Resources     | <input type="checkbox"/> Court Programs   | <input type="checkbox"/> Superior Court   | <input type="checkbox"/> Appellate Defender         | <input type="checkbox"/> Sentencing Comm.    | <input type="checkbox"/>                        |
| <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. |   |

Payee's Name And Address	<input type="checkbox"/> Check If Name Or Address Change	Title	Headquarters (city)	
		Social Security No. (last 4 digits)	Travel For (month and year)	Date Request Prepared

Under penalties of perjury, I certify this is a true and accurate statement of the city of lodging, expenses, and allowances incurred in the service of the State. If Federal GSA standard lodging rates are used, I affirm that I complied with the policy criteria for such rates.	I have examined this reimbursement request and certify that it is just and reasonable.	<b>Total Cost</b>	\$
	Signature Of Supervisor	<b>Less Advance</b>	\$
	Name Of Supervisor	<b>Reimbursement</b>	\$

**FOR USE BY NCAOC FINANCIAL SERVICES DIVISION**

COMPANY	ACCOUNT	CENTER	AMOUNT	Date
	532714			
	532721			Verified And Approved For Payment:
	532724			

TRAVEL (show each city visited)			TRANSPORTATION			SUBSISTENCE			OTHER EXPENSES	
Day	From	To	(1) Mode	Daily Private Car Mileage	Amount	(2) Type	In-State	Out-of-State	Explanation	Amount
			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	<b>Category Totals For This Day:</b>									
			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	<b>Category Totals For This Day:</b>									
<b>CATEGORY TOTALS:</b>					Transport.		In-State	Out-of-State		Other Exp.

- |                         |                          |               |               |
|-------------------------|--------------------------|---------------|---------------|
| (1) Mode of Travel:     | (2) Type of Subsistence: | In-State      | Out-of-State  |
| P - Privately-owned car | B - Breakfast            | \$ 9.00       | \$ 9.00       |
| A - Air                 | L - Lunch                | \$ 11.80      | \$ 11.80      |
| B - Bus                 | D - Dinner               | \$ 20.50      | \$ 23.30      |
| R - Rail                | H - Hotel                | \$ 78.90+ Tax | \$ 93.20+ Tax |
|                         | 24-hr. period            | \$ 120.20     | \$ 137.30     |

**Check List:** (1) Claimant and supervisor signature  
 (2) Depart and return times required to claim meals  
 (3) Must have itemized hotel receipt - credit card receipt not accepted.

**NOTE:** Purpose of trip must be noted, please indicate purpose of trip under city visited.

Payee's Name

Social Security No. (last 4 digits)

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<b>TOTALS BROUGHT FORWARD:</b>										
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			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	<b>Category Totals For This Day:</b>									
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			A			L				
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			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	<b>Category Totals For This Day:</b>									
<b>CUMULATIVE CATEGORY TOTALS:</b>					<b>Transport.</b>		<b>In-State</b>	<b>Out-of-State</b>		<b>Other Exp.</b>

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<b>CUMULATIVE CATEGORY TOTALS:</b>					<b>Transport.</b>		<b>In-State</b>	<b>Out-of-State</b>		<b>Other Exp.</b>

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