

**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:** 1) Forward the completed form and all necessary receipts/supporting documents (hotel, registration, parking, advance approval, etc.) to AccountsPayable@nccourts.org.  
2) Travel relating to a Judicial Branch-sponsored event should be submitted on this form by itself and should not be commingled with other types of travel.  
3) Consult the Judicial Branch Travel Policy for the current mileage reimbursement rates, subsistence rates and other criteria.

<input type="checkbox"/> Supreme Court <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Superior Court <input type="checkbox"/> District Court <input type="checkbox"/> Clerk's Office <input type="checkbox"/> District Attorney's Office	<input type="checkbox"/> Public Defender's Office <input type="checkbox"/> Special Counsel's Office <input type="checkbox"/> Appellate Defender <input type="checkbox"/> IDS Other: _____	<input type="checkbox"/> Specialty Court, Grant, or Conference/Commission: _____	<input type="checkbox"/> AOC Division/Section: _____  Name of Judicial Branch-sponsored event, if applicable: _____
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Requester Name And Address _____ <input type="checkbox"/> Check If Name Or Address Change	Job Title _____	County/District _____
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. Supervisor Name _____	<b>Total Cost</b> \$ _____	
Requester Signature _____	Supervisor Signature _____	<b>Less Advance</b> \$ _____	
		<b>Reimbursement</b> \$ _____	

RATE INFORMATION				
Consult the Judicial Branch Travel Policy for - current approval authorities - mileage reimbursement rates - per diem/subsistence rates - additional information	<b>Per Diem and Lodging Rates Effective July 1, 2022</b>		<b>In-State</b>	<b>Out-of-State</b>
	Overnight Status (100% of max per diem)		\$ 41.30	\$ 44.10
	Partial Travel Day (75% of max per diem)		\$ 30.98	\$ 33.08
	Custom Amount	Breakfast	\$ 9.00	\$ 9.00
		Lunch	\$ 11.80	\$ 11.80
		Dinner	\$ 20.50	\$ 23.30
<b>Mileage Reimbursement Rates Effective January 1, 2023</b>				
Standard Rate	\$ 0.655/mile	Lodging - State rate or allowable Federal GSA rate. Consult the Travel Policy for information.	\$ 78.90	\$ 93.20
Lowest Rate	\$ 0.40/mile			

INITIAL DAY OF TRAVEL (record additional days on attached pages)						
Travel Summary		Transportation and Misc.		Amount	Subsistence	Amount
Date	<input type="checkbox"/> In-State Travel <input type="checkbox"/> Out-of-State Travel	Personal Vehicle Mileage miles	Reimbursement Rate \$/mile	\$	Overnight Status 100% of max per diem	\$
From		Other Transportation		\$	Partial Travel Day 75% of max per diem	\$
To		Miscellaneous		\$	Custom Amount Use the per diem rates	\$
Purpose Of Trip		Miscellaneous		\$	Lodging <input type="checkbox"/> Exceeds State/GSA rate	\$
<b>TOTAL FOR THE DAY</b>				<b>\$</b>		

FOR USE BY NCAOC FISCAL SERVICES DIVISION				
COMPANY	ACCOUNT	CENTER	AMOUNT	Date
	532714			Verified And Approved For Payment:
	532721			
	532724			

Requester Name

**DAYS OF TRAVEL (continued)**

Travel Summary		Transportation and Misc.		Amount	Subsistence	Amount
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Purpose Of Trip		Miscellaneous		\$	Lodging <input type="checkbox"/> Exceeds State/GSA rate	\$
<b>TOTAL FOR THE DAY</b>	<b>\$</b>					

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