

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

**REIMBURSEMENT OF TRAVEL AND OTHER  
EXPENSES INCURRED BY NON-EMPLOYEE  
IN THE DISCHARGE OF OFFICIAL JUDICIAL  
BRANCH BUSINESS**

G.S. 138-6

- INSTRUCTIONS:** 1) Fill out the form completely, sign it, and provide it to the hosting Judicial Branch Division/Commission/Conference of the training, meeting, or conference you are attending.  
 2) The hosting Judicial Branch Division/Commission/Conference shall review, sign, and forward the completed form and all necessary receipts/supporting documents (hotel, registration, parking, advance approval, etc.) to AccountsPayable@nccourts.org.  
 3) Consult the hosting Judicial Branch Division/Commission/Conference regarding any questions you may have about the Judicial Branch Travel Policy, including the current mileage reimbursement rates, subsistence rates, and other criteria.

<i>Official Judicial Branch Business That Resulted In Travel And Other Expenses</i>	<i>Non-Employee's Employer/Organization</i>	
<i>Sponsored Event Title (if applicable)</i>	<i>Non-Employee's Job Title</i>	
<i>Non-Employee's Name And Address</i>	<i>Non-Employee's Full Social Security No.</i>	<i>Non-Employee's Telephone No.</i>
	<i>Travel For (month and year)</i>	<i>Date Request Prepared</i>

NON-EMPLOYEE'S SIGNATURE	TO BE COMPLETED BY JUDICIAL BRANCH EMPLOYEE		
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>Grant No. (if applicable)</i>	<i>Fund Code</i>	
	I have examined this reimbursement request and certify that it is just and reasonable.	<b>Total Cost</b>	\$
	<i>Approving Judicial Branch Employee Name</i>	<b>Reimbursement</b>	\$
	<i>Non-Employee's Signature</i>	<i>Approving Judicial Branch Employee Signature</i>	

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, 2023</b>		<b>In-State</b>	<b>Out-of-State</b>
	Overnight Status (100% of max per diem)		\$ 46.50	\$ 49.70
	Partial Travel Day (75% of max per diem)		\$ 34.86	\$ 37.28
	Custom Amount	Breakfast	\$ 10.10	\$ 10.10
		Lunch	\$ 13.30	\$ 13.30
		Dinner	\$ 23.10	\$ 26.30
<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.	\$ 89.10	\$ 105.20
Lowest Rate	\$ 0.40/mile			
GAL volunteers, State Boards, Committees, Commissions, Councils	\$ 0.25/mile			

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

Non-Employee's Name

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>					
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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>					
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Purpose Of Trip	Miscellaneous			\$	Lodging <input type="checkbox"/> Exceeds State/GSA rate	\$
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<b>TOTAL FOR THE DAY</b>	<b>\$</b>					

Non-Employee's Name

**DAYS OF TRAVEL (continued)**

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>					

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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	\$
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To	Miscellaneous			\$	Custom Amount Use the per diem rates	\$
Purpose Of Trip	Miscellaneous			\$	Lodging <input type="checkbox"/> Exceeds State/GSA rate	\$
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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	\$
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