

**STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT**

**ACCOUNT 17310
MISCELLANEOUS EXPENSE
REIMBURSEMENT FORM**

INSTRUCTIONS: *This form is to be used to request reimbursement for Account 17310 (Due from AOC – Miscellaneous). The NCAOC FSD-recommended method of paying for these expenses is to submit them directly to FSD for payment. However, if your office paid for these expenses, reimbursement should be obtained by completing this form and sending it, along with a copy of the Payment Authorization Form and a copy of the paid invoice, to:*

NC Administrative Office of the Courts

MAIL TO: ATTN: Financial Services Division
P.O. Box 2448
Raleigh, NC 27602 **OR** Send by State Courier Service 56-10-50

I, the undersigned, certify that this is a true and accurate report and request reimbursement for the payment of the purchases described below:

Date	Paid To	Paid Invoice/Description	Amount
		POST OFFICE BOX	
		DISTRICT ATTORNEY – COURT-ORDERED COPY EXPENSE	
		LOCKSMITH	
		MAGISTRATE – MONEY ORDERS	
		OTHER (describe)	
		OTHER (describe)	

TOTAL REIMBURSEMENT

Date	County/District Department
Signature Of Requestor	Signature Of Supervisor
Name Of Requestor (type or print)	Title Of Supervisor

FOR USE BY NCAOC FINANCIAL SERVICES DIVISION			
Company	Account	Center	Amount
020			
020			
020			
020			

Approval For Payment/Date

Vendor No.