

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

**ACCOUNT 17310  
MISCELLANEOUS EXPENSE  
REIMBURSEMENT FORM**

**INSTRUCTIONS:** *This form is to be used by Clerk of Superior Court staff 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 of your Clerk of Superior Court office 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 that reimbursement be mailed to my Clerk of Superior Court office 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 Of Clerk Of Superior Court Making Request For Reimbursement	
Signature Of Requestor	Signature Of Supervisor	
Name Of Requestor (type or print)	Name Of Supervisor (type or print)	Title Of Supervisor

**FOR USE BY NCAOC FINANCIAL SERVICES DIVISION**

**NOTE TO NCAOC STAFF:** *Make check payable to the Clerk of Superior Court of the county identified above and mail to that office.*

Company	Account	Center	Amount
020			
020			
020			
020			

**Approval For Payment/Date**

**Vendor No.**