NCMEA Expense Reimbursement Request Form

NCMEA Office: 7520 E. Independence Blvd., Suite 155, Charlotte, NC 28227

Name _____
Last First

Home Address _____
Street City Zip

Phone Numbers _____
Home Cell Other

Email Address _____

Purpose _____

Receipts are Required for <u>All</u> Expenses

Staple all receipts to the back of this form.

Date	Sun. /	Mon. /	Tues. /	Wed. /	Thurs. /	Fri. /	Sat. /	Line Total
Breakfast (Max of $7.75)								
Lunch (Max of $10.10)								$0.00
Dinner (Max of $17.30)								$0.00
Lodging (Max of $100.00)								$0.00
Shuttle/Taxi								$0.00
Airfare								$0.00
Mileage @ $.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Parking								$0.00
Other								$0.00
Fees/Honorarium W-9 Required								$0.00
Totals								$0.00
# of miles	0	0	0	0	0	0	0	0

Signature _____ Date _____

(I certify that all original receipts and reports are attached, as necessary, and that all expenses submitted are for NCMEA activities.)

For all event reimbursements, please return completed form to the event chair for approval.

Authorized by _____ Date _____
Signature

Print Name _____NCMEA Title _____

Paid by _____ Amt. $ _____ Date _____ Check # _____

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