



NCMEA Payment and/or Expense Reimbursement Request

Form NCMEA Office: 883-C Washington St, Raleigh NC 27605

pathall@ncmea.net

Name _____

First

Last

Home Address _____

Street

City

Zip

Preferred Phone Number _____

Email Address _____

Purpose _____

Receipts are Required for All Expenses

Event Travel Dates (mm/dd)									Total
Breakfast (\$7.75 Max)									
Lunch (\$10.10 Max)									
Dinner (\$17.30 Max)									
Lodging (\$130.00 Max)									
Shuttle/ Taxi									
Airfare									
Daily Mileage									
Mileage @ \$_____/mile									
Parking									
Other _____									
Honorarium (W-9 Req'd)									
Grand Total									

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 student-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 # _____