



NCMEA Payment and/or Expense Reimbursement Request Form

NCMEA Office: 883 Washington St Ste C, Raleigh NC 27605 | sheiserman@ncmea.net

Name _____
First Last

Home Address _____
Street City State Zip

Preferred Phone _____ Email _____

Purpose _____

Receipts are Required for All Expenses

Date <i>fill in each date here</i> →	MM/DD	MM/DD	MM/DD	MM/DD	MM/DD	MM/DD	MM/DD	Line Total
Breakfast (Max \$9.00/day)								
Lunch (Max \$11.80/day)								
Dinner (Max \$20.50/day)								
Lodging (Max \$130.00/day)								
Shuttle/Taxi								
Airfare								
# of Miles								
Mileage @ \$.55 (multiply # of miles by .55)								
Parking								
Other _____								
Fees/Honorarium (W-9 Required)								
Totals								

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 # _____
