

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*fill in each date here*  | 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 # \_\_\_\_\_\_\_\_\_