



NCMEA Payment and/or Expense Reimbursement Request Form

NCMEA Office: 883 Washington St. Ste. C, Raleigh NC 27605 | sheiserma@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								<i>Do not include in column total</i>
Mileage @ \$.55 (multiply # of miles by .55)								
Parking								
Other _____								
Fees/Honorarium (W-9 Required)								
Totals								

Submitter 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 _____

NCMEA Title _____

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