SB Form No. 1 (rev. 01/12)

The North Carolina State Bar Expense Report

Name:				_	Date:			
Expenses incurred in	connection with	official business a	nt the following fu	ınction:				
	in (location)							
Date								
Expense Category:								
*Breakfast								
*Lunch								
*Dinner				_				
*Hotel								
Tips								
Air Transportation								
**Mileage \$ Reimb								
*Taxi								
Parking								
Per Diem								
Postage								
Copies								
Miscellaneous								
					1	1	1	
Daily Totals								
* Expenses for more than one person should be noted on receipt. ** Complete mileage report on back.					Total Expenses			
or memorar	ot be reimburse ndum.	his request. Expe d unless accompa erages are not reir	nied by the recei	pt				
				For Accounting Dept. Use				
Please print or type address: For Accounting De								
				ng Dept. Use				
			_					
	Signature							

The North Carolina State Bar Mileage Report

Date	Number of Miles	Destination/Purpose	*Total Dollar Reimbursement					
Total								
*.56 cents/mile for advisory, council, board members and staff as of January 1, 2014								
Additional notes or comments you would like to make concerning your reimbursement:								