NCMEA Payment and/or Expense Reimbursement Request Form NCMEA Office: 7520 E. Independence Blvd., Suite 155, Charlotte, NC 28227

Name								
Last			First					
Home Address								
	treet		C	City		Zip		
Phone Numbers								
	lome		C	ell		Other		
Email Address								
Purpose								
		-	-		Expenses this form			
Date	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Line Total
Breakfast (Max of \$7.75)	· · · · · · · · · · · · · · · · · · ·	,	,	,	,		<u> </u>	
Lunch (Max of \$10.10)								
Dinner (Max of \$17.30)								
Lodging (Max of \$100.00)								
Shuttle/Taxi								
Airfare								
Mileage @ \$.40								
Parking								
Other								
Fees/Honorarium W-9 Required								
Totals								
# of miles								
Signature					, and that al			are for
Authorized by				Da	te.			
Authorized byS	ignature			= = = = = = = = = = = = = = = = =				
Print Name			N	CMEA Titl	e			
Paid by	Amt. \$]	Date	Check #		