North Carolina Retired School Personnel Expense Voucher (Revised 10/27/2014)

Please return within 30 days of the event to: NC Retired School Personnel, P. O. Box 27347, Raleigh, NC 27611-7347

Payable To:				Date Submitted:							
Address:					Position in NCRSP:						
KSP							Phone:				
	a separate exp			Meeting ttee Mee	☐ eting (<i>sta</i>		onvention h one):	(State) (Zip Code) Leaders	ship Worksh		□ NEA-Retired / NEA Meeting (\$600) Other:
N	leal & Hotel Exp	enses the da	ily maxim	num for i	neals is	\$40		Instructions:			
Date	Date Location (City) Breakfast Lunch		Lunch	Dinner	Hotel	Daily Total	(1) Required: Attach receipts for all items (except mileage).				
								(2) Enter all meal and hotel costs for a given date in the same city on the same line in the "Meals & Lodging Expense" section.			
								(3) "Hotel" expense is the room charge and taxes only . List meals in the designated columns. List miscellaneous expenses (phone calls, etc.) in the "Other Expenses" section.			
											"Mileage", and "Other" in the "Total Expenses" loulate your reimbursement amount.
								Notes:			·
								(1) If rooming with someone who isn't eligible for reimbursement, reimbursement is at the single-occupancy rate. Please note the single-occupancy rate on the hotel receipt.			
								(2) If rooming with someone who is eligible for reimbursement, reimbursement is at ½ the room rate.			
								(3) The mileage rate and meal per diem limits are subject to change—if in doubt, contact the state office.			
								(4) All "Other" expenses must be related to official business of NCRSP.			
								(5) Computer users only: Meal amounts for a single date in excess of the per diem limit will			
			Tota	ıl Meal & L	odging Ex _l	penses					k. If this happens, decrease the amount claimed for cost for that day matches the per diem limit.
Mileage @ 50.0 cents/mile				j '	Other Expenses				Total Expenses		
Date	From Location	To Location	Miles	Daily Cost]	Date	Ite	m Description	Item Cost		Total Expenses
											Meal & Hotel Expenses
											Mileage Expense
											Other Expenses

Date	From Location	To Location	Miles	Daily Cost	
Total Mileage Expense					

Traveler's Signature:

	Other Expenses						
Date	Item Description	Item Cost					
	Total Other Expenses						

. otal Exponess					
Meal & Hotel Exp	penses				
Mileage Expense					
Other Expenses					
	nent Requested on for NEA/NEA-R)				
For C	Office Use Only:				
Date Paid:					
Amount Paid:					
Check #:					
Code:	•	•			
Approved By:	•	•			
		•			