

## REQUEST FOR REIMBURSEMENT OF TRAVEL AND/OR SUBSISTENCE EXPENSES

NAME:									
MAILING AD	DRESS:								
	(Include City, Sate, Z	ip)							
MEETING/E\	/ENT:								
DATE(S) COV	ERED BY THIS VOU	CHER:							
		TYPES AND AMOUNTS	S OF SUBSISTENCE:	Mileage	\$ 0.66	per mile	E	- Breakfast	\$ 10.10
				H - Hotel		per night		L - Lunch	
								D - Dinner	\$ 23.10
	Т	TRANSPORTATION			SUBSISTENCE				
				Daily Private Car Rate per		Input 1 by applicable			
Date	From	То	Mileage	Mile	Amount	Туре	type	rate	Amount
						В			
						L			
			****	****	****	D			
			****	****	****	Н			
				TOTAL			1	TOTAL	
						В			
						L			
			****	****	****	D			
			****	****	****	Н			
				TOTAL			ı	TOTAL	
						В		\$	
						L			
			****	****	****	D			
			****	****	****	Н			
				TOTAL			1	TOTAL	
						В			
						L			
			****	****	****	D			
			****	****	****	Н			
				TOTAL				TOTAL	
			TRANSPORTATIO	N TOTAL -		T	SUBSISTENC	E TOTAL -	
			TRANSFORTATIO	N TOTAL -		L	JOBSISTENC	L TOTAL -	
		то	TAL AMOUN	T OF REI	IMBURSEME	NT REQ	UESTED =	\$	
This is a true	and accurate state	ement of expenses incurr	ed in the servi	ice of the	NCCCAEA.				
	Claimant's Sign	ature**	=				Signature of		
	(Submit directly to th	e Treasurer)			(Presidential a	pproval wil	l be obtained by	the Treasur	er)

<sup>\*\*</sup> Electronic Signature will be accepted if sent through the claimant's work email address directly to ncccaea.treasurer@gmail.com