Expense Reimbursement Form for 2010-2011 *(for use from 7/1/10 until 7/1/11)*

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: _____

_____ Phone: _____

(City) (State) (Zip Code)

Check applicable event(s): ☐ Board Meeting ☐ State Convention ☐ Leadership Workshop ☐ NEA-Retired / NEA Meeting

☐ Committee Meeting (*state which one):* _____ ☐ Other: _____

Meal & Hotel Expenses (*$40/day maximum for meals*)

Date	Location (City)	Breakfast	Lunch	Dinner	Hotel	Daily Total
					Total Meal & Lodging Expenses	

Instructions:

(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.

(4) Enter the totals for "Meals & Lodging", "Mileage", and "Other" in the "Total Expenses" section, and sum those amounts to calculate 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 cause the "$ Cost" block to change to pink. If this happens, decrease the amount claimed for one of your meals so that your total meal cost for that day matches the per diem limit.

Mileage @ 40.5 cents/mile

Date	From Location	To Location	Miles	Daily Cost
			Total Mileage Expense	

Other Expenses

Date	Item Description	Item Cost
	Total Other Expenses	

Total Expenses

Meal & Hotel Expenses	
Mileage Expense	
Other Expenses	
Reimbursement Requested	

For Office Use Only:

Date Paid: _____

Amount Paid: _____

Check #: _____

Code: _____

Approved By: _____

Traveler's Signature: _____