



**North Carolina Retired School Personnel
Region 3
Reimbursement Voucher / Request**

Name (print) _____ Local _____ /Date _____

Name (signature) _____

Address _____

Event/Item/Date _____

Amount of Request _____

If Mileage.....From _____ To _____

Total Roundtrip Miles Traveled _____

Other: Attach paid receipts and documentation

Treasurer's Disposition: Paid by Check # _____ Date _____ Amt. _____

Budget Area _____

***If it becomes necessary to stop payment on a lost check, any new check issued
will be reduced by the amount of the Stop Payment bank fee.***

Karen Purser
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Matthews, NC 28104