North Carolina Retired School Personnel Expense Voucher (Revised 7/2016)

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)

Please circle and separate each event per category

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	Code	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.**

(4) Mark "Code" according to your position being served.

(5) Total all amounts to calculate reimbursement.

Notes:

(1) If rooming with someone who isn't eligible for reimbursement, reimbursement is at the single-occupancy rate. If rooming with someone who is eligible for reimbursement, reimbursement is at the room rate.

Mileage @ 0.40 cents/mile

Date	From Location	To Location	Code	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: _____