



# North Carolina Extension Association of Family & Consumer Sciences

The Professional Association of North Carolina Cooperative Extension Family and Consumer Educators

Check one of the following:

\_\_\_\_\_ **Request for Reimbursement** \_\_\_\_\_ **Request for Payment**

Name \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_

Office/Committee \_\_\_\_\_

Date of Expense \_\_\_\_\_

Please itemize expenses and give explanation of each expense for each item. *Original receipts or original statements must be attached.*

Registration \_\_\_\_\_ \$ \_\_\_\_\_

Lodging \_\_\_\_\_ \$ \_\_\_\_\_

Air or other fare \_\_\_\_\_ \$ \_\_\_\_\_

Mileage \_\_\_\_\_ \$ \_\_\_\_\_

Tolls \_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total requested** \$ \_\_\_\_\_

Send this form with your receipts/statements to the State President for approval. State President will forward it to State Treasurer for payment. If State President is making request, President Elect should approve request.

\_\_\_\_\_  
Agent/Officer

\_\_\_\_\_  
State President/President Elect Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_