

North Carolina State University, State Advisory Council

Travel Reimbursement Form

(for in/out-of-state meetings)

Name: _____

District: _____

Address: _____

City: _____ Zip: _____

W-9 form attached? Yes ☐ No ☐

Provide, if you are filing this form for the FIRST TIME.

Guidelines for claiming meals:

Breakfast: **LEAVE** home prior to 6 AM.

Lunch: **LEAVE** home prior to 8 AM **or** **ARRIVE** home after 4 PM.

Dinner: **ARRIVE** home after 8 PM.

Purpose of Trip	Begin Date	Time Left Home	End Date	Time Return Home	Miles (RT)	Rate (\$0.565)	Airfare*	Baggage*	Taxi/ Other*	Lodging* (\$65.90)	Conf./ Reg. Fee	Breakfast (\$8.20)	Lunch (\$10.70)	Dinner (\$18.40)	Trip Total
						\$ -	\$	\$	\$	\$	\$	\$	\$	\$	\$ -
						\$ -	\$	\$	\$	\$	\$	\$	\$	\$	\$ -
						\$ -	\$	\$	\$	\$	\$	\$	\$	\$	\$ -
						\$ -	\$	\$	\$	\$	\$	\$	\$	\$	\$ -
						\$ -	\$	\$	\$	\$	\$	\$	\$	\$	\$ -
						\$ -	\$	\$	\$	\$	\$	\$	\$	\$	\$ -
Grand Totals						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

This form should only be used for approved expenses related to the **STATE ADVISORY COUNCIL** business.

Example of how form should be completed. Anything W/ an * by it must have ORIGINAL RECEIPTS attached.

Purpose of Trip	Begin Date	Begin Time	End Date	End Time	Miles (RT)	Rate (\$0.565)	Airfare*	Baggage*	Taxi*	Lodging* (\$65.90)	Conf./ Reg. Fee	Breakfast (\$8.20)	Lunch (\$10.70)	Dinner (\$18.40)	Trip Total
October SAC mtg	10/4/11	7:00 AM	10/6/11	8:00 PM	150	\$84.75			\$25.00	\$75.12					\$184.87
CARET	8/5/11	8:00 AM	3/1/11	11:00 PM	50	\$28.25	\$500.50	\$30.00	\$50.00	\$378.95	\$325.00	\$24.60	\$32.10	\$55.20	\$1,424.60
Grand Totals					200	\$113.00	\$500.50	\$30.00	\$75.00	\$454.07	\$325.00	\$24.60	\$32.10	\$55.20	\$1,609.47

Mail to: Tracy Brown **or** **Fax to:** 919.515.3135
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