

STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE DISCHARGE OF OFFICIAL DUTY

INSTRUCTIONS TO CLAIMANT. Submit one original to Accounting. Attach all necessary receipts and other supporting documents to this form. Retain one (1) copy for your records. Please complete amount, company, account, and center fields. Must be filed at least monthly and not later than 30 days after month ends. Must be prepared in ink or typed.

Payee's Name (First, Middle Initial, Last)	Division/Section <p style="text-align: center; color: blue;">DHHS - DD COUNCIL</p>	Soc. Sec. # (LAST 4 DIGITS ONLY) <p style="text-align: center; color: blue;">XXX - XX - _ _ _ _</p>
Payee's Address (Street)	Title:	Headquarters (City)
(City, State, Zip)	Period Covered by this Request (from/to)	

Under penalties of perjury I certify this to be a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State.

I have examined this reimbursement request and certify that it is just and reasonable.

(Claimant) (Date) (Supervisor) (Date)

NOTE: ORIGINAL SIGNATURE AND DATES ARE REQUIRED FOR PROCESSING

Accounting Office Use Only

Pay Entity: Control #: Expense Voucher No.:

Payment Due Date: < OR >> Terms Code:

REMIT MESSAGE: (Write check disposition instructions on line.) _____

LINE NO.	AMOUNT	COMPANY				ACCOUNT										CENTER				ACCRUAL CODE			
		2	0	0	1	5	3	2															
0001		2	0	0	1	5	3	2															
0002		2	0	0	1	5	3	2															
0003		2	0	0	1	5	3	2															
0004		2	0	0	1	5	3	2															
0005		2	0	0	1	5	3	2															
0006		2	0	0	1	5	3	2															
0007		2	0	0	1	5	3	2															
0008		2	0	0	1	5	3	2															
0009		2	0	0	1	5	3	2															
Total Expense																							
Less Advance																							
Tot. Due (Owe)																							

Approved as to proper travel chargeable to above accounting code verified as conforming to authorized reimbursable expenses.

A/P Accountant

Day	Travel (show each city visited)		Transportation			Subsistence			Other Expenses	
	from	to	1*	In-State	Out-of-State	2*	In-State	Out-of-State	Explanation	Amount
			Ground			B				
Depart			Air			L				
Arrive			Other			D				
Daily Private Car Mileage: @ cents/mile: \$0.485			Private car			H				
Purpose of Trip						Total				
			Ground			B				
Depart			Air			L				
Arrive			Other			D				
Daily Private Car Mileage: @ cents/mile: \$0.485			Private car			H				
Purpose of Trip						Total				
			Ground			B				
Depart			Air			L				
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Purpose of Trip						Total				
GRAND TOTALS										

1* Mode of Travel:
Ground includes rail, bus, taxi, parking fees

2* Type of Subsistence:
B = Breakfast
L = Lunch
D = Dinner
H = Housing (Room)

NOTE: Daily total for subsistence not to exceed authorized amount for in-state or out-of-state travel.

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TOTALS BROUGHT FORWARD									
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Purpose of Trip					Total			
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