

NCMEA Payment and/or Expense Reimbursement Request Form NCMEA Office: 883 Washington St. Ste. C, Raleigh NC 27605 | sheiserman@ncmea.net

Name								
First		Last						
Home Address								
Street	City				State	Zip		
Preferred Phone	Email							
Purpose								
		Receipts	are Requ	ired for <u>A</u>	<u>ll</u> Expense	es .		
Date (511)	MM/DD	MM/DD	MM/DD	MM/DD	MM/DD	MM/DD	MM/DD	Line Total
fill in each date here Breakfast (Max \$9.00/day)								
Lunch (Max \$11.80/day)								
Dinner (Max \$20.50/day)								
Lodging (Max \$130.00/day)								
Shuttle/Taxi								
Airfare								
# of Miles								
Mileage @ \$.55 (multiply # of miles by .55)								
Parking								
Other								
Fees/Honorarium (W-9 Required)								
Totals								
Submitter Signature (I certify that all original receip For all student event reimburs Authorized by	ements, ple	ase return c	ompleted f	orm to the e	event chair f	or approva	itted are fo	
NCMEA Title		·						
Paid by		An	nt. \$		Date		Check	 #