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| **STATE OF NORTH CAROLINA**  **JUDICIAL BRANCH OF GOVERNMENT**  Indigent Defense Services | | | | **REIMBURSEMENT OF AUTHORIZED EMPLOYEE PURCHASES**  (DO NOT USE IF VENDOR NOT YET PAID) | | |
| **INSTRUCTIONS**:  **MAIL TO:**  | | Prior approval MUST be obtained from IDS before making purchases over $50. Please email <aaron.m.gallagher@nccourts.org> for approval and attach the email authorization to this reimbursement form along with any receipts you have for the item(s). Case related expenses over $250 in non-potentially capital cases require a court order. In potentially capital cases, case related expenses over $250 require prior authorization from the Office of the Capital Defender.  Use Form AOC-A-25 for all travel related expenses. Please make every effort to purchase supplies through AOC Purchasing and to use in-house copying whenever feasible.  **INDIGENT DEFENSE SERVICES**  123 West Main Street, Suite 400  Durham, NC 27701 | | | | |
| I, the undersigned, request reimbursement for the payment of books, supplies, equipment, postage, printing services or other non-travel expenses: | | | | | | |
| **Date** | **Paid To** | | **Paid Invoice Description/Explanation** | | **Case #/Client Name**  **(if applicable)** | **Amount** |
|  |  | |  | |  | $ |
|  |  | |  | |  | $ |
|  |  | |  | |  | $ |
|  |  | |  | |  | $ |
|  |  | |  | |  | $ |
| Prior Approval Given by IDS (Name): | | | **TOTAL REIMBURSEMENT** | | | $ |

|  |  |
| --- | --- |
| Date | Office |
| Signature of Payee | Signature of Supervisor |
| Name of Payee (Type or Print) | Title of Supervisor |
| Beacon No. (Personnel No.) | \*\*Social Security No. (first reimbursement submission only) |

\*\***Note**: If employee has never received reimbursement before, we will need the full social security number to set the employee up as a vendor. Please contact Amy Ferrell (919-890-1660) with this information if you prefer not to include it on this form.

**FOR IDS USE ONLY.**