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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](aaron.m.gallagher%40nccourts.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 400Durham, 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** |
|       |       |       |       | $      |
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|       |       |       |       | $      |
| Prior Approval Given by IDS (Name):       | **TOTAL REIMBURSEMENT** | $      |

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| 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.**