

**STATE OF NORTH CAROLINA
Judicial Branch
Indigent Defense Services**

**REIMBURSEMENT OF TRAVEL AND
OTHER EXPENSES INCURRED IN THE
DISCHARGE OF OFFICIAL BUSINESS**

G.S. 138-6

INSTRUCTIONS: Forward the completed form (remove any blank pages) and all receipts/supporting documents (itemized hotel receipt, registration, parking receipts, advance approval, etc.) to ids.employee.reimbursements@nccourts.org in a single email. Include your first name, last name, and "travel" in the subject line of the email.

ATTESTATION REQUIRED

A state-owned vehicle is unavailable, the mileage rate of \$.625 per mile applies.
_____ (Supervisor Initials)

A state-owned vehicle is available, a private vehicle is being used by choice, the mileage rate of \$.33 applies.
_____ (Supervisor Initials)

- | | |
|--|---|
| <input type="checkbox"/> Office of Special Counsel | <input type="checkbox"/> Public Defender's Office |
| <input type="checkbox"/> IDS Staff | |
| <input type="checkbox"/> Capital Defender | _____ (Defender District) |
| <input type="checkbox"/> Appellate Defender | |
| <input type="checkbox"/> Juvenile Defender | Parent Defender |

Payee's Name And Address <input type="checkbox"/> Check If Name Or Address Change	Position/Title	Headquarters (city)	
	Personnel No. (top of paystub)	Travel For (month and year)	Date Request Prepared

Under penalties of perjury, I certify this is a true and accurate statement of the city of lodging, expenses, and allowances incurred in the service of the State. If Federal GSA standard lodging rates are used, I affirm that I complied with the policy criteria for such rates.	I have examined this reimbursement request and certify that it is just and reasonable.	Total Cost	\$ _____
	Signature/e-Signature Of Supervisor	Less Advance	\$ _____
Signature/e-Signature Of Claimant	Name Of Supervisor	Reimbursement	\$ _____

FOR USE BY IDS FINANCIAL SERVICES DIVISION

COMPANY	ACCOUNT	CENTER	AMOUNT	Date
	532714			Verified And Approved For Payment:
	532721			
	532724			

TRAVEL (show each city visited)			TRANSPORTATION			SUBSISTENCE			OTHER EXPENSES	
Day	From	To	(1) Mode	Daily Private Car Mileage	Amount	(2) Type	In-State	Out-of-State	Explanation	Amount
			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	Category Totals For This Day:									
			P			B				
			A			L				
	Purpose of Trip:		B			D				
	Depart Time:	Return Time:	R			H				
	Category Totals For This Day:									
CATEGORY TOTALS:						Transport.	In-State	Out-of-State		Other Exp.

- | | | | |
|-------------------------|--------------------------|----------------|-----------------|
| (1) Mode of Travel: | (2) Type of Subsistence: | In-State | Out-of-State |
| P - Privately-owned car | B - Breakfast | \$ 10.10 | \$ 10.10 |
| A - Air | L - Lunch | \$ 13.30 | \$ 13.30 |
| B - Bus | D - Dinner | \$ 23.10 | \$ 26.30 |
| R - Rail | H - Hotel | \$ 89.10 + Tax | \$ 105.20 + Tax |
| | 24-hr. period | \$ 135.60 | \$ 154.90 |

Check List: (1) Claimant and supervisor signature
 (2) Depart and return times required + overnight status to claim meals
 (3) Must have itemized hotel receipt, credit card receipt not accepted.

NOTE: Purpose of trip must be noted, please indicate purpose of trip under city visited.

Payee's Name	Personnel No.
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			A			L				
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	Category Totals For This Day:									
CUMULATIVE CATEGORY TOTALS:					Transport.		In-State	Out-of-State		Other Exp.

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CUMULATIVE CATEGORY TOTALS:					Transport.		In-State	Out-of-State		Other Exp.

Payee's Name

Personnel No.

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