



Travel Expense

mail to:
PO Box 39
7062 Camp Dogwood Dr
Sherrills Ford, NC 28673

Name	Office or Committee		
Address	Email		
City	State	Zip	Phone

Date	Purpose of Trip	Miles	Amount .31/mile	Meal Allowance	Lodging	Total
Amount to be reimbursement						

Show date and purpose of trip.
Meal Allowance: Breakfast \$5.00, Lunch \$8.00, Dinner \$12.00
Lodging: \$70 per night. Attach Hotel Bill

All reimbursements will be made in accordance with the Policy adopted by the Board of Directors.

I hereby certify that the above named individual did attend the meeting(s) listed and did provide this service.

W Durden Dean, Executive Administrator

I hereby certify that the above expenses have been incurred by me in service to the NCLI and include only such expenses as were necessary in performing that service.

Signature Date

I **do not** request reimbursement, but ask that the NCLI certify that I did attend the meeting(s) listed and did provide this service to the NCLI.

Signature Date