

TRAVEL EXPENSE FORM

(revised 10-01-2009)

STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA

P. O. DRAWER 27727 RALEIGH, NC 27611-7727 (SEANC)

PLEASE CHECK IF NEW ADDRESS

Name: _____ District # _____ Vendor # _____

Mailing Address: _____ Position: _____

(Please Print)

City, Zip: _____

(SEANC position held, if applicable): Dist. Chair, President, Treasurer, State Committee Chair, etc.

SEANC Office Use Only

(PLEASE PRINT ABOVE INFO CLEARLY)

Instructions: Give breakdown of expenses. Under Travel from/to column show origin and destination of travel points. Give breakdown of meal expenses. (receipts for lodging required.)

Date	Travel from / to (use top line for trip to meeting/bottom line for return trip)	Miles	x .50	Lodging	Meals	Misc.	Daily Total	Name of Committee or purpose of expense
	From: _____ To: _____ ----- From: _____ To: _____				B _____ L _____ D _____			
	From: _____ To: _____ ----- From: _____ To: _____				B _____ L _____ D _____			
	From: _____ To: _____ ----- From: _____ To: _____				B _____ L _____ D _____			
	From: _____ To: _____ ----- From: _____ To: _____				B _____ L _____ D _____			
	From: _____ To: _____ ----- From: _____ To: _____				B _____ L _____ D _____			

I hereby certify that the above expenses have been incurred by me in the service of SEANC and were necessary in performing that service.

TOTAL \$

Signed: _____

(SEANC MEMBER)

Approved: _____

(State Treasurer or State Committee Chair)

MEAL ALLOWANCE:	Lodging Allowance \$ 65.90 plus tax
Breakfast: \$ 7.75	Maximum unless room rate pre-arranged by SEANC.
Lunch: 10.10	Travel Forms with expenses incurred more than 30 days
Dinner: 17.30	previously will not be reimbursed.