TRAVEL EXPENSE FORM

(Revised 10.01.2025)

STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA

1621 Midtown Place, Raleigh, NC 27609 **(SEANC)**

PLEASE CHECK IF NEW ADDRESS ☐

Name: _____ ***District #*** ____ **Vendor #** _____

Mailing Address: _____ **Position:** _____

(Please Print)

City, Zip:_____

(PLEASE PRINT ABOVE INFO CLEARLY)

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

SEANC Office Use Only

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	.70	Lodging 71.20 + tax in state 84.10 out of state	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 _____			
						TOTAL $		

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

Signed: _____

(SEANC MEMBER)

Approved: _____

(State Committee Chair)

Approved: _____

(State Treasurer)

MEAL ALLOWANCE:	
Breakfast:	$9.00
Lunch:	$11.80
Dinner:	$20.50 (in state)
Dinner:	$23.30(out of state)

Lodging Allowance $ 75.10 plus tax

Maximum unless room rate pre-arranged by SEANC.

Travel Forms with expenses incurred more than 30 days previously may be denied reimbursement.