

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:

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

(PLEASE PRINT ABOVE INFO CLEARLY)

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		Lodging	Meals	Misc.	Daily Total	Name of Committee or purpose of expense
				71.20 + tax in state 84.10 out of state				
	From: To: -----	-----	-----		B _____ L _____ D _____			
	From: To: -----	-----	-----		B _____ L _____ D _____			
	From: To: -----	-----	-----		B _____ L _____ D _____			
	From: To: -----	-----	-----		B _____ L _____ D _____			
	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 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 not be reimbursed.	