

**TRAVEL EXPENSE FORM**

(revised 03/01/2023)

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.

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 <small>(use top line for trip to meeting/bottom line for return trip)</small>	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: _____ ----- 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 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 will not be reimbursed.