



North Carolina Association of Educators

NEA DELEGATE Expense Voucher

Date Submitted: _____

Name: _____

Address: _____
Street City Zip Code

Change of Address
 Yes__ No __

Identify Applicable Category For Reimbursement Request

NEA RA Meeting: _____

Date Attended _____

Other Function: _____

Date Attended _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Date (mm/dd/yy)								
Breakfast								
Lunch								
Dinner								
Hotel								
Plane/Train								
Enter Mileage								
Auto: \$/m	0.545							
Taxi/Shuttle								
Parking								
** Substitute								
*** Other								
TOTAL								

**** Substitute fees are either paid directly to your local school system or reimbursed to you with proper documentation from the payroll office. If direct billed, give the name and complete mailing address of your school system, the amount to be paid, and documentation.**

***** Other Please identify:** _____

- **Must Be Filed Within 45 Days of Meeting Date**
- **Substitute fees reimbursed to the traveler must include documentation**
- **All Meal, Hotel, Plane/Train, Taxi/Shuttle, and Parking Receipts Must be Attached**
- **Necessary meals not to exceed the following per diem:**
In-State \$29.00; Out-of-State \$53.00

Traveler' Signature: _____ Date _____

Approved By: _____ Date _____

	Charge To	Account Numbers	Cost Centers	SID