

Advance:			Actual:		
Total:			Total:		

Above section for Finance Office use only.

REQUEST FOR
REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE
DISCHARGE OF OFFICIAL DUTY – INCLUDING PER DIEM

Instructions to claimant: Prepare in three (3) copies. Attach all necessary receipts and other documents to support this form, and submit the original and one (1) copy to the Business office. Retain one (1) copy.

Institution Guilford Technical Community College		Division			
Payee's Name		Title		Campus	
Payee's Address		Date		Total Cost	
From	Period	covered by this voucher To		Date of Out-of-State Travel Authorization:	Less Advance
					Reimbursement

This is a true and accurate statement of expenses
incurred in the service of the State

I certify that the expenses incurred are necessary and
proper and amounts claimed are just and reasonable

(Claimant)

(Supervisor)

Day	Travel (Show Each City Visited)		TRANSPORTATION			SUBSISTENCE		OTHER EXPENSES		
	From	To	(1) Mode	Daily Private Car Mileage	Amount	(2) Type	In-State	Out-of-State	Explan- ation	Amount
			P			B				
			A			L				
			O			D				
			R			H				
						Total				
			P			B				
			A			L				
			O			D				
			R			H				
						Total				
			P			B				
			A			L				
			O			D				
			R			H				
						Total				
			P			B				
			A			L				
			O			D				
			R			H				
						Total				

		P			B				
		A			L				
		O			D				
		R			H				
				Total Trans.		Total Auth. Sub	Total Auth. Sub		Total Other Exp.

(1) MODE OF TRAVEL

- P – Pr. Owned car
- A – Air
- O – Other
- R – Rental car

(2) TYPE OF SUBSISTANCE

- B -- Breakfast
- L -- Lunch
- D -- Dinner
- H -- Room