

NC IOLTA TRUSTEE REIMBURSEMENT FORM 2018

TRUSTEE: _____

Address: _____

Expenses incurred in connection with official business:

_____ in _____
 (meeting / purpose) (location)

DATE(S)

--	--	--	--	--

	\$ 50 DAILY PER DIEM	Please note the amount of per diem you wish to donate to the Non-Reimbursable Expense Fund and/or the amount you wish to receive.					TOTALS
1	Per Diem \$ to Donate						
2	Per Diem \$ to Reimburse						
3	Mileage 0.545						
4	Breakfast						
5	Lunch						
6	Dinner						
7	Hotel						
8	Tips						
9	Rental Car						
10	Airline Travel						
11	Other						
	TOTALS (Rows 2-11)						

NOTES:

1. Expenses exceeding \$25 must be accompanied by a receipt.
2. Expenses for alcohol are not reimbursable
3. Expenses for more than one person should be noted on receipt or form

Signature

Date

RETURN FORM TO NC IOLTA by:		
MAIL PO Box 25996 Raleigh, NC 27611	E-MAIL cmills@ncbar.gov	FAX 919-706-4432

Reimbursement Approved Date