

The North Carolina State Bar Expense Report

SB Form No. 1
(rev. 01/10)

Name: _____

Date: _____

Expenses incurred in connection with official business at the following function:

_____ in _____
(location)

Date						
Expense Category:						
*Breakfast						
*Lunch						
*Dinner						
*Hotel						
Tips						
Air Transportation						
**Mileage \$ Reimb						
*Taxi						
Parking						
Per Diem						
Postage						
Copies						
Miscellaneous						
Daily Totals						

* Expenses for more than one person should be noted on receipt.
 ** Complete mileage report on back.

Total Expenses

NOTE: 1. Receipts must accompany this request. Expense exceeding \$25.00 will not be reimbursed unless accompanied by the receipt or memorandum.
 2. Expenses for alcoholic beverages are not reimbursable.

For Accounting Dept. Use

Please print or type address:

For Accounting Dept. Use

Signature

