

# North Carolina State Bar Expense Report

SB Form 2019

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						
<b>Daily Totals</b>	-	-	-	-	-	-

**Total Expenses** -

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

**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.

Please print or type address:  
 \_\_\_\_\_  
 \_\_\_\_\_

For Accounting Dept. Use

For Accounting Dept. Use

\_\_\_\_\_  
Signature

# The North Carolina State Bar Mileage Report

Date	Number of Miles	Destination/Purpose	*Total Dollar Reimbursement
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>Total</b>	-		-

**\*58.0 cents/mile for advisory, council, board members and staff as of January 1, 2019**

**Additional notes or comments you would like to make concerning your reimbursement:**

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