TRAVE	EL EXPENSE FORM (revised 03/01/202	23)						
STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA								
1621 Midtown Place, Raleigh, NC 27609				(SEANC)				
PLEASE CHECK IF NEW ADDRESS								
Name:			District # Vendor #					
Mailing Address:			Position: (Please Print)			-		
City, Zip:			(Please Print) (SEANC position held, if applicable): Dist. Chair,					
(PLEASE PRINT ABOVE INFO CLEARLY)			President, Treasurer, State Committee Chair, etc.				SEANC	Office Use Only
Instruction		gin and destination of travel points. Give breakdown of meal expens						
	Travel from / to			Lodging			Daily	Name of Committee
Date	(use top line for trip to meeting/bottom line for return trip)	Miles		71.20 + tax in state 84.10 out of state	Meals	Misc.	Total	or purpose of expense
	From: To:				B			
	From: To:]		L D			
	From: To:				В			
	 From: To:		1		L D			
	From: To:				в			
	 From: To:		1		L D			
	From: To:				в			
	 From: To:		1		L D			
	From: To:				В			
	 From: To:		1		L D			
I hereby ce	rtify that the above expenses have been incurred by me in the	service						
of SEANC and were necessary in performing that service.						TOTAL	•	
Circus de			MEAL ALLOWANCE:			Lodging Allowance \$ 75.10 plus tax		
Signed: (SEANC MEMBER)			Breakfast:	• • • • •	Maximum unless room rate pre-arranged by SEANC.			
Approved:			Lunch:					
			Dinner: \$20.50 (in state) previously will not be reimbursed. Dinner: \$23.30(out of state)					
Approv					1			

(State Treasurer)