

DLP

Distinguished Leadership in Practice

Travel Reimbursement Form

For additional forms please visit: www.ncpapa.org/DLP.html.
Forms must be turned in within 60 days of event for reimbursement.

Name

Address

City

Zip Code

From

Period Covered by this Voucher

To

Make Reimbursement Check Payable to

TRAVEL

Travel will be reimbursed at 30 cents/mile

Date	From	To	Car Mileage	To Be Reimbursed

A copy of the receipt must be attached to obtain reimbursement for accommodations and meals.

Total Travel:	
Accommodations:	
Meal if applicable:	
Total Reimbursement Claimed:	

This is an true and accurate statement of expenses incurred. I certify that the expenses incurred are necessary and proper and amount claimed are just and reasonable.

Signature

Send forms to:

NCPAPA

PO Box 27711

Raleigh, NC 27611

Or fax: 919.828.6099