



Statement of Expense

Please complete form and return to NCABB:

Mail: NCABB, Inc
PO Box 91
Jefferson, NC 28640

Email: cmccoy@sts-healthcare.com

Name: _____

Mailing Address: _____

Itemized Expenses:

Travel (train, plane, bus)	\$
Misc. Travel (taxi, tolls, parking)	\$
Personal Auto: _____ miles @ \$0.585/mile	\$
Meals (see note below)	\$
Hotel	\$
Other— please specify below:	\$
Total:	\$

*Note: Fall Meeting—Breakfast and lunch included. Spring Workshop—Lunch included.
Dinner will be reimbursed at a maximum of \$35.00 if staying overnight.
Alcohol is not eligible for reimbursement.*

Please attach receipts for reimbursement.

Applicant Signature: _____

Date: _____

Treasurer Signature: _____

Date: _____

Reimbursement Check No. : _____

Date Paid: _____