



## Statement of Expense

Please complete form and return to NCABB:

Mail: NCABB, Inc  
PO Box 34213  
Charlotte, NC 28234

Email: [kns moua@gmail.com](mailto:kns moua@gmail.com)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Itemized Expenses:

Travel (train, plane, bus)	\$
Misc. Travel (taxi, tolls, parking)	\$
Personal Auto: _____ miles @ \$0.545/mile	\$
Meals (see note below)	\$
Hotel	\$
Other— please specify below:	\$
<b>Total:</b>	\$

*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: \_\_\_\_\_