

NCACBSSSS

North Carolina Association of County Boards of Social Services

Expense Account

Name: _____ Title: _____

Address: _____

Dates Covered: _____

Purpose of Expense: _____

1. Travel: _____ miles @ \$.535/mile

2. Lodging: _____ Nights: _____

3. Phone: _____

4. Meals: _____ Tips: _____

5. Miscellaneous (Description): _____

6. Entertainment (Purpose and Description): _____

Grand Total: \$ _____

Please attach receipts for items #2, @4, #5, #6

I certify the above expenses were incurred while conducting business for NCACBSS purposes only

Signature: _____ Date: _____

Approved: _____ Date: _____

Paid by Check Number: _____ Treasurer: _____ Date: _____

