



NCACPA Volunteer Travel Reimbursement Form

Payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer's Name (if different from above): _____

Name & Date of meeting: _____

Location: _____

Round-trip miles: _____

Mileage Rate: \$.54

Mileage reimbursement: _____

Parking: \$ _____

Tolls: \$ _____

Meals: \$ _____

Lodging: \$ _____

Other out-of-pocket expenses: \$ _____

Total Reimbursement

Requested: \$ _____

Volunteer Signature: _____

All reimbursement requests must be made within 60 days of the event in order to be considered.

Mail to:

North Carolina Association of CPAs
Attention: Accounting Department
PO Box 80188
Raleigh, NC 27623