

North Carolina TASC Training Institute of Coastal Horizons Center, Inc.

Meeting Expense Form

Make Check Payable To:	Date:
Name	SSN:
Address	Region:
Address	Position:
City/State/Zip	

Date	Per Diem			Mileage	Mileage	Parking	Misc.*	TOTAL
	Breakfast (\$6.50)	Lunch (\$8.50)	Dinner (\$14.50)	*60 miles or less @ .36 per mile	*More than 60 miles @ .22 per mile		(Describe)	
							Sales Tax	
							TOTAL	\$ -

Purpose: _____

*** Effective July 1, 2003, based on the criteria use one or the other mileage rate, not both.**

Attendee Signature

Date

Regional Coordinator Signature

Date

Institute Approval for Payment

Date

* Please attach receipts.