



# North Carolina Department of Public Safety

## Emergency Management

Pat McCrory, Governor  
Frank L. Perry, Secretary

Michael A. Sprayberry, Director

### **Student Guide to Travel Reimbursement for “NCEM Reimbursement” Training Classes**

This reference document is to explain eligibility of travel reimbursement for students as well as provide instruction for submittal of reimbursement forms. If you have any questions about your eligibility or the reimbursement process, contact the NCEM Training Office at (919) 825-2263 or [training@ncem.org](mailto:training@ncem.org)

#### **ELIGIBILITY**

- Travel must involve a destination location at least 35 miles from the student’s regularly assigned duty station or home, whichever is less.
- An OVERNIGHT STAY is required.
- If you meet eligibility requirements, you are allowed an overnight stay the night prior to the class start date (provided the class begins before noon). If the class begins after 12pm, you are only allowed an overnight stay the night prior to the beginning of class if you are travelling from more than 200 miles away.
- If the class ends after 2pm, and you are travelling from more than 200 miles away, you are allowed to stay an extra overnight stay the evening after completion of class.
- NCEM will clearly annotate, in the Course Offering Specific Section of the TERMS class registration site, if reimbursement is authorized. *NCEM will not reimburse travel for a class which does not contain the reimbursement annotation.*
- Applicant must be currently employed by a State or Local First Responder, or by an Emergency Response Organization, or an active member of a recognized volunteer agency.
- You must reside in North Carolina, or be affiliated with a qualified response or volunteer agency in North Carolina.
- Federal employees, military, and representatives from private industry are not eligible for reimbursement.
- Must follow the submittal process for reimbursement.

**MAILING ADDRESS:**  
4713 Mail Service Center  
Raleigh NC 27699-4713  
[www.ncem.org](http://www.ncem.org)



**OFFICE LOCATION:**  
1636 Gold Star Drive  
Raleigh, NC 27607-3371  
Telephone: (919) 825-2500  
Fax: (919) 825-2684



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### SUBMITTAL PROCESS

- It is the individual student's responsibility to submit the proper paperwork upon completion of class. For NCEM Reimbursement classes, the Travel Reimbursement Forms and instructions for completing these forms will be attached to the course advertisement.
- **Please print your own forms** prior to attending class.
- You must provide an **original itemized receipt from your hotel** or lodging.
- No receipts are required for meal reimbursement.
- To ensure compliance with NC General Statute 138-6(c), it is strongly encouraged to submit the travel reimbursement application to the instructor, instructional staff, or NCEM Training designee upon completion of the class. Students who do not submit the reimbursement paperwork to the instructor, instructional staff, or NCEM Training designee, and wish for reimbursement, must notify NCEM Training Staff via the [training@ncem.org](mailto:training@ncem.org) email address within 5 calendar days of course completion; and NCEM Training staff must be in receipt of the travel reimbursement request within 15 calendar days of the course completion date. If NCEM Training is not notified in 5 calendar days, and/or in receipt of the travel reimbursement request within 15 calendar days of class completion, the prospective applicant shall be determined ineligible for reimbursement. The NCEM Training and Exercise Branch Manager will accept eligibility appeals up to 20 calendar days past class completion.
- You should expect to receive a reimbursement check from N.C. Department of Public Safety fiscal office in 4-6 weeks from the time NCEM receives the request.

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### **Instructions for Completion of Travel Reimbursement Form**

If you are eligible to claim travel reimbursement while attending NCEM training, please refer to the following guidelines for completion of travel vouchers and submission of forms. All information must be completed accurately and completely. Failure to submit information correctly may result in non-reimbursement. The following items are needed for processing of your claim:

1. **Signed Travel Voucher with Payee's information completed.**
2. **Travel information including times, dates, and cities of departure and arrival. Please complete and submit travel itinerary form below.**
3. **Original hotel receipts must be submitted with Travel Voucher (meal receipts are not required).**

All ten sections located at the top of the Travel Voucher form will be completed by the Claimant. Information should include the following:

1. Contact Phone # - Work number starting with the area code that NCDPS-Fiscal can contact claimant with any questions. Include an extension number on the next line if applicable.
2. Payee's Name – First, Middle Initial, Last name of person requesting reimbursement.
3. Division/Section – Division or Agency and section claimant works for.
4. **Personnel No.** – Enter your **full Social Security number** in this field. *Failure to provide this information may result in non-reimbursement. NCDPS Employees must enter their BEACON number*
5. Payee's Address –Street name or PO Box where mail is received.
6. Title – Working Job Title
7. Headquarters (City) – The city where your daily duty station is located.
8. City, State, Zip –City, state and zip code where mail is received.
9. Period Covered by this Request – The date(s) of travel costs incurred.
10. Claimant must sign and date the form below these blocks. Supervisor signature will be completed by Training Officer.

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### Travel Itinerary Reporting Form

*The following information must be completed accurately and completely for reimbursement.*

**Name of claimant:** \_\_\_\_\_  
**E-mail address:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_  
**Course Name:** \_\_\_\_\_

#### Information on Travel to Training Location

Date of beginning travel \_\_\_\_\_  
City travel originated from \_\_\_\_\_  
Departing time \_\_\_\_\_  
City you traveled to \_\_\_\_\_  
Arrival time \_\_\_\_\_

#### Information on Departure from Training Location/Returning Home

Date of ending travel \_\_\_\_\_  
City travel originated from \_\_\_\_\_  
Departing time \_\_\_\_\_  
City you returned to \_\_\_\_\_  
Arrival time \_\_\_\_\_

Reimbursement is for lodging and meals only. To be eligible for reimbursement, travel must involve a travel destination located at least 35 miles from the student's regularly assigned duty station or home, whichever is less.

Current rates for reimbursement of meals and lodging are as follows:

Breakfast	\$ 8.30
Lunch	\$ 10.90
Dinner	\$ 18.70
Hotel	\$ 67.30 (actual, up to plus taxes)

Submit this form along with original hotel receipts with Travel Voucher Form below. By signing the travel voucher form below, the applicant agrees to the guidelines, policies, procedures, and information contained within, and allows NCEM Training to complete the remainder of the travel voucher reimbursement form. If you have any questions regarding reimbursement, please contact NCEM at 919-825-2263 or [training@ncem.org](mailto:training@ncem.org)

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**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY  
REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED  
IN THE DISCHARGE OF OFFICIAL DUTY**

INSTRUCTIONS TO CLAIMANT: Submit one original to General Accounting. Attach all necessary original receipts and other supporting documents to this form, including any prior written approval of excess registration, lodging, and out-of-state/country travel. Retain one (1) copy for your records. Complete amount, company, account, and center fields. File at least monthly and **not later than 30 days** after month ends. Prepare in ink or type.

Payee's Work Phone Number	<b>Reimbursement for approved training expenses must be submitted to OSDT.</b>	
Payee's Name (First, Middle Initial, Last)	Division/Section	Full SSN / Beacon No(NCDPS Emp)
Payee's Address (Street)	Title	
(City, State, Zip)	Normal Working Hours (from/to)	Period Covered by this Request (from/to)

Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State. I further certify that I will not be reimbursed from any other source for these same expenses.

I have examined this reimbursement request and certify that it is just and reasonable. If applicable, I have given prior approval for overnight travel and/or use of personal vehicle.

\_\_\_\_\_  
(Claimant Signature) (Date)

\_\_\_\_\_  
(NECM Training Signature) (Date)

\_\_\_\_\_  
(Claimant Printed Name)

\_\_\_\_\_  
(NCEM Training Printed Name) (NCEM Training Telephone #)

Depart	A	B			
Arrive	O	L			
Daily Private Car Mileage: @ 0.30 /mi	P	D			
Daily Private Car Mileage: @ 0.575 /mi	P	H			4. Total
		TOT			5. Total
Depart	R	B			
Arrive	A	L			
Daily Private Car Mileage: @ 0.30 /mi	P	D			
Daily Private Car Mileage: @ 0.575 /mi	P	H			4. Total
		TOT			5. Total
Depart	R	B			
Arrive	A	L			
Daily Private Car Mileage: @ 0.30 /mi	P	D			
Daily Private Car Mileage: @ 0.575 /mi	P	H			4. Total
		TOT			5. Total
<b>GRAND TOTALS</b>					4&5 Total Misc. Exp.
<b>(1) Mode of Travel:</b> P - Private Car O = Other, rail, bus, taxi, parking fees A = Air R = Rental Car			<b>(2) Type of Subsistence: In-State</b> B - Breakfast \$8.30 L - Lunch \$10.90 D - Dinner \$18.70 H - Housing (Room) \$67.30 <b>Out-of-State</b> B - Breakfast \$8.30 L - Lunch \$10.90 D - Dinner \$21.30 H - Housing (Room) \$79.50		<b>NOTE:</b> Daily total for subsistence not to exceed authorized amount for in-state or out-of-state travel.