Student Guide to Travel Reimbursement for "STATE SPONSORED" 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

ELIGIBILITY

- To quality for reimbursement, an OVERNIGHT STAY is required.
- To be eligible for reimbursement, travel must involve a destination location at least 35 miles from the student's regularly assigned duty station or home, whichever is less.
- Classes that are STATE SPONSORED and offering travel reimbursement will be clearly advertised as such.
- To be eligible for reimbursement, you must be currently employed by a State or Local First Responder or Emergency Response organization or an active member of a recognized volunteer agency. If you have questions regarding your eligibility, please contact NCEM Training.
- 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.

SUBMITTAL PROCESS

- It is the individual student's responsibility to submit the proper paperwork upon completion of class. For STATE SPONSORED 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.
- Upon completion of class, the instructor or instructional staff will collect Travel forms from eligible students who wish to submit them.
- You must provide an **original receipt for your hotel** or lodging.
- No receipts are required for meal reimbursement.
- You should expect to receive a reimbursement check from N.C. Department of Public Safety fiscal office in 4-6 weeks.

GENERAL GUIDELINES

- 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 form more than 200 miles away, you are allowed to stay an extra overnight stay the evening after completion of class.

MAILING ADDRESS:
4236 Mail Service Center
Raleigh NC 27699-4236
www.ncem.org

OFFICE LOCATION:
1636 Gold Star Drive
Raleigh, NC 27607-3371
Telephone: (919) 825-2500
Fax: (919) 825-2685

An Equal Opportunity Employer

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 will delay payment of your reimbursement. The following items are needed for processing of your claim:

1. **Signed Travel Voucher with Payee's information completed (all sections above the grey box labeled "Accounting Office Use Only").**
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 CCPS-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. **Employee ID # – Enter "full Social Security number" in this field. *Failure to provide this information will delay reimbursement. State of North Carolina Employee's enter "Beacon" number.***

5. Employee Code – Circle the letters PE if a full time or time limited state employee in the state payroll system. Circle the letters PN if claimant is not on the state payroll system.

6. Payee's Address –Street name or PO Box where mail is received.

7. Title – Working Job Title

8. Headquarters (City) – The city where your daily duty station is located.

9. City, State, Zip –City, state and zip code where mail is received.

10. Period Covered by this Request – The date(s) of travel costs incurred.

11. Claimant must sign and date the form below these blocks. Supervisor signature will be completed by Training Officer.

Travel Itinerary Reporting Form

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

Name of claimant: _____

E-mail address: _____

Phone number: _____

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 _____

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	$ 8.00
Lunch	$ 10.45
Dinner	$ 17.90
Hotel	$ 63.90 (actual, up to plus taxes)

Submit this form along with original hotel receipts with Travel Voucher. NCEM Training will complete the remainder of your reimbursement form. If you have any questions regarding your reimbursement, please contact NCEM at 919-825-2263 or training@ncem.org .

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

Contact Phone #: _____

Ext. _____

INSTRUCTIONS TO CLAIMANT: Submit one original to Accounting. Attach all necessary receipts and other supporting documents to this form. Retain one (1) copy for your records.
Please complete company, account, and center fields. Must be filed at least monthly and not later than 30 days after month ends. Must be prepared in ink or typed.

Payee's Name (First, Middle Initial, Last)	Division/Section	Employee ID. #	Employee Code PE or PN:
Payee's Address (Street)	Title	Headquarters (City)	
(City, State, Zip)	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.

_____ (Claimant)   _____ (Date)   _____ (Supervisor)   _____ (Date)

NOTE: ORIGINAL SIGNATURE AND DATES ARE REQUIRED FOR PROCESSING

Accounting Office Use Only

Pay Entity: ☐☐☐   Control #: ☐☐☐☐   Expense Voucher No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Payment Due Date: ☐☐☐☐☐☐☐☐   <<   **OR**   >>   Terms Code: ☐☐☐

REMIT MESSAGE (Write check disposition instructions on line.) _____

Line No.	AMOUNT	COMPANY	ACCOUNT	COST CENTER	ACCRUAL CODE
0001	0.00	1 9 0 1	5 3 2 7 1		
0002	0.00	1 9 0 1	5 3 2 7 2		
0003	0.00	1 9 0 1	5 3 2 7 2		
0004	0.00	1 9 0 1	5 3 2		
0005	0.00	1 9 0 1	5 3		

Total Expense   0.00   Approved as to proper travel chargeable to above accounting code verified as conforming to authorized reimbursable expenses.
Less Advance
Total Due (Owed)   0.00

Checked by _____ Date _____ A/P Accountant _____ Date _____

TRAVEL (Show each city visited)				TRANSPORTATION				SUBSISTENCE			MISCELLANEOUS EXPENSES	
Day	From	To	1	In-State	Out-Of-State	Out-Of-Country	2	In-State	Out-Of-State	Out-Of-Country	Explanation	Amount
			G				B					
Depart			A				L					
Arrive			O				D					
Daily Private Car Mileage: @ 0.30 /mi			P				H				4. Total	
Daily Private Car Mileage: @ 0.565 /mi			P				TOT				5. Total	
			G				B					
Depart			A				L					
Arrive			O				D					
Daily Private Car Mileage: @ 0.30 /mi			P				H				4. Total	
Daily Private Car Mileage: @ 0.565 /mi			P				TOT				5. Total	

GRAND TOTALS   4&5 Total Misc. Exp.   0.00

(1) Mode of Travel:
A- Air   G - Rail, bus, taxi
P- Private Car   O - Other

(2) Type of Subsistence: In-State   **Out-of-State**
B - Breakfast $8.00   D - Dinner $17.90   B - Breakfast $8.00   D - Dinner $20.30
L - Lunch $10.45   H - Housing (Room) $63.90   L - Lunch $10.45   H - Housing (Room) $75.60

NOTE: Daily total for subsistence not to exceed authorized amount for in-state or out-of-state travel.