

CASTNC Expense Reimbursement Form (03/2010)

Event:	Date:
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Committee:

Items:

<u>Date</u>	<u>Items Name</u>	<u>Purpose</u>	<u>Cost</u>
Subtotal:			

Entertainment (Meals)

<u>Date</u>	<u>Purpose</u>	<u>Name of Restaurant</u>	<u>Attendants</u>	<u>Meal Cost</u>
Subtotal:				

Others:

<u>Date</u>	<u>Description</u>	<u>Purpose</u>	<u>Cost</u>
Subtotal:			
Postage/Handling			
Total:			

Make the check payable to:	
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Mail the check to:	
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Other Remarks:	
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Claim Person(s) (See Note 3 for instructions.)

Name:	Tel:	Signature	Date:
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Name:	Tel:	Signature	Date:
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Do not write below this line!

Approved by: (Print Name)	(Signature)	Date:
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Remarks:	Check No.	Issue Date	
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Notes:

1. Please attach the original receipt(s) (required) with this form.
 2. With original receipts, the claim person need to sign. Otherwise, two persons are required to sign.
 3. Send Claim form and receipts to following address:
CAST-NC, P. O. Box 1013, Cary, NC 27512.
 4. Please allow 3-4 weeks for processing.
- ****Please keep a copy until you receive the payment!
 **** Questions/Comments: Contact Dr. Ling Xiang, elixiang@gmail.com.