

CASTNC Expense Reimbursement Form (03/2010)

Event: _____ **Date:** _____

Committee: _____

Items:

Date	Items Name	Purpose	Cost

Subtotal: _____

Entertainment (Meals)

Date	Purpose	Name of Restaurant	Attendants	Meal Cost

Subtotal: _____

Others:

Date	Description	Purpose	Cost

Subtotal: _____

Postage/Handling

Total: _____

Make the check payable to: _____

Mail the check to: _____

Other Remarks: _____

Claim Person(s) (See Note 3 for instructions.)

Name: _____ Tel: _____ Signature _____ Date: _____

Name: _____ Tel: _____ Signature _____ Date: _____

Do not write below this line!

Approved by: (Print Name) _____ (Signature) _____ Date: _____

Remarks: _____ Check No. _____ Issue Date _____

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.