

North Carolina Department of Administration

Motor Fleet Management

Reimbursement Request

Vehicle Number:
License Plate Number:

Instructions: Submit original of this form and all receipts: keep copies in your file.

Claimant	Department	Division:
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Claimant's **Home** Mailing Address:

Purchase Date	Items/Services	Amount	Purchase Date	Gasoline Gallons	Amount
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Total		\$	Totals		\$
Total Reimbursement Request					\$

Under penalty of perjury I certify this to be a true and accurate statement of expenses incurred in service to the state of N.C.

I have examined this reimbursement request and certify it to be true, just and reasonable.

Claimant Signature	Date	Supervisor Signature	Date
Claimant's Employee ID No.		MFM Approval Signature	Date

Mail to: Motor Fleet Management, 1308 MSC, Raleigh, NC 27699-1308