

**STATE OF NORTH CAROLINA**  
**Judicial Branch Of Government**  
**North Carolina Administrative Office Of The Courts**  
**PO Box 2448**  
**Raleigh, NC 27602**

**EMPLOYEE**  
**TRAVEL ADVANCE REQUEST**

**INSTRUCTIONS**

**INSTRUCTIONS TO REQUESTER:** *This form must be completed by the employee and submitted at least two weeks prior to the date the advance is needed. Travel advances for occasional travel may not be issued more than 5 days prior to the date of departure. The total cost of the trip must exceed \$100 to qualify for an advance. No travel advances will be issued during the month of June. Submit the completed form to AccountsPayable@nccourts.org.*

**EMPLOYEE INFORMATION**

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Supreme Court              | <input type="checkbox"/> Public Defender's Office | <input type="checkbox"/> Specialty Court, Grant, or Conference/Commission: | <input type="checkbox"/> AOC Division/Section:          |
| <input type="checkbox"/> Court of Appeals           | <input type="checkbox"/> Special Counsel's Office | _____  | _____   |
| <input type="checkbox"/> Superior Court             | <input type="checkbox"/> Appellate Defender       | _____  | Name of Judicial Branch-sponsored event, if applicable: |
| <input type="checkbox"/> District Court             | <input type="checkbox"/> IDS Other:               | _____  | _____   |
| <input type="checkbox"/> Clerk's Office             | _____   | _____  | _____   |
| <input type="checkbox"/> District Attorney's Office | _____   | _____  | _____   |

|                |           |                 |
|----------------|-----------|-----------------|
| Requester Name | Job Title | County/District |
|----------------|-----------|-----------------|

|              |               |                |
|--------------|---------------|----------------|
| Work Address | Email Address | Work Telephone |
|--------------|---------------|----------------|

|                 |                |             |
|-----------------|----------------|-------------|
| Reason For Trip | Departure Date | Return Date |
|-----------------|----------------|-------------|

**ESTIMATED EXPENSES**

|                          |       |   |
|--------------------------|-------|---|
| Meals                    | _____ | Please refer to the Judicial Branch Travel Policy for details on allowable travel expenses. |
| Lodging                  | _____ |   |
| Transportation           | _____ |   |
| Tuition/Registration     | _____ |   |
| Other Expenses           | _____ |   |
| Total Estimated Expenses | _____ |   |
| Percentage Allowance     | 75%   |   |
| Total Advance            | _____ |   |

**TEMPORARY ADVANCE:** An advance for occasional travel that must be settled by submitting reimbursement requests and any excess advance within 30 days after the travel period ends. Any excess advance **MUST** be returned with the travel reimbursement request. Future advances may be denied if settlement is not made within the 30 day period.

**PLEASE ATTACH A COPY OF THIS FORM TO YOUR TRAVEL REIMBURSEMENT REQUEST.**

I certify that funds requested herein are to be used for the purpose stated. I further certify that any funds advanced to me will be repaid immediately on the return from trip and/or at request of the Administrative Office of the Courts, and that any funds advanced to me will be repaid prior to my last day of employment.

**I hereby authorize the Administrative Office of the Courts to deduct any amount of advance not settled within the time specified above from my payroll check.**

|                     |      |                                 |      |
|---------------------|------|---------------------------------|------|
| Requester Signature | Date | Supervisor Signature (Required) | Date |
|---------------------|------|---------------------------------|------|

**AOC APPROVAL: FOR USE BY AOC**

| COMPANY | ACCOUNT | CENTER | AMOUNT |
|---------|---------|--------|--------|
|         | 532799  |        |        |

|                                   |      |
|-----------------------------------|------|
| Verified And Approved For Payment | Date |
|-----------------------------------|------|