

**North Carolina Department of Administration
Motor Fleet Management
Reimbursement Request**

Vehicle Number:
License Plate Number:

**INSTRUCTIONS: Submit original and all receipts;
keep copy in your file; include brief explanation as to why personal funds were used.**

Claimant Name (Printed):	Department	Division:
Home Mailing Address:		Contact Phone #: () -
City & State:	Zip Code (9 Digit):	Social Security No.

Purchase Date	Items/Services	Amount
		\$
		\$
		\$
		\$
		\$
	Total	\$

Purchase Date	Gasoline Gallons	Amount
		\$
		\$
		\$
		\$
		\$
	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
Brief Explanation as to why personal funds were used		MFM Approval Signature	Date

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