District Convention Expense Form

(revised 8/10/2026)

STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA

PLEASE CHECK IF NEW ADDRESS ☐

Name: _____ ***District #*** ____

Mailing Address: _____ **Position:** _____

(Please Print)

City, Zip:_____

(PLEASE PRINT ABOVE INFO CLEARLY)

Amt. Paid:

Check #

District Use Only

Instructions: Give breakdown of expenses. Under Travel from/to column show origin and destination of travel points. Give breakdown of meal expenses.

Date	Travel from / to (use top line for trip to meeting/bottom line for return trip)	Miles	x .70	Meals	Misc.	Daily Total	Convention Expenses
	From: To: --- From: To:			B _____ L _____ D _____			
	From: To: --- From: To:			B _____ L _____ D _____			
	From: To: --- From: To:			B _____ L _____ D _____			
	From: To: --- From: To:			B _____ L _____ D _____			
	From: To: --- From: To:			B _____ L _____ D _____			
	From: To: --- From: To:			B _____ L _____ D _____			

I hereby certify that I incurred the above expenses and that all expenses were necessary in performing service to SEANC.

TOTAL $

Signed: _____

(SEANC MEMBER)

Approved: _____ **Approved:** _____

(District Chair) **(District Treasurer)**

MEAL ALLOWANCE:

Breakfast:	**$9.00**
Lunch:	**$11.80**
Dinner:	**$20.50**