



**NORTH CAROLINA DEPARTMENT OF
AGRICULTURE
AND CONSUMER SERVICES
MEAT AND POULTRY INSPECTION DIVISION
Raleigh, North Carolina**

Steve Troxler, Commissioner

MPID NOTICE	13-25	7-14-2025
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Reimbursement of Travel

I. PURPOSE

The intent of this notice is to provide MPID inspection personnel guidance on how to fill out a Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form. This notice has been updated to reflect the current subsistence reimbursement rate. This Notice applies to all employees.

II. CANCELLATION

MPID Notice 6-25 dated 2-19-2025

III. REFERENCES

[North Carolina Budget Manual – 5.0 Travel Policies and Regulations](#)

IV. DETERMINATION OF TRAVEL REIMBURSEMENT MILEAGE

If a State employee uses a personal vehicle while carrying out official duties, actual mileage is reimbursable. Normal commuter mileage cannot be claimed. Normal commuter mileage includes travel from home to the employee's duty station and then from the duty station back home.

Explanation:

1. If the employee only reports to their duty station that day, no mileage can be claimed.
2. If the employee reports to their duty station and additional establishment(s) that day, the employee would be entitled to claim the mileage traveled between the establishments for reimbursement.
3. If the employee does not report to their duty station but travels to other establishment(s) on their route or covers another route, normal commuter mileage

cannot be claimed, but any additional work-related mileage between establishments can be claimed.

See **Attachment 1** for visual representation.

See the [MPID Notice](#) entitled “[Reimbursement of Travel, Lodging, and Per Diem during Official Training](#)” for information pertaining to travel reimbursement when attending official training(s).

If a State employee who is assigned a State vehicle uses their personal vehicle in the carrying out of official duties due to car maintenance, inclement weather, etc., refer to the [MPID Notice](#) entitled “[MPID State Vehicle Policy](#)” for more information regarding the policy for reimbursement of mileage.

V. POLICY FOR FORM COMPLETION

To ensure you have the most recent version of the appropriate form, obtain the Reimbursement of Travel and Other Expenses Incurred form from the [MPID forms website](#) each time you complete a reimbursement request. Choose the appropriate form, depending on the section of the organization you fall under. Choosing the appropriate form helps in reducing the time it takes for filing and receiving your reimbursement.

Office Staff, Area Supervisors, Training Staff, and Veterinarians	1000-101324-1002901
Inspectors and Field Trainers	1000-101324-1002902
Compliance	1000-101324-1002903

NC Department of Agriculture & Consumer Services REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE DISCHARGE OF OFFICIAL DUTY	
<small>INSTRUCTIONS TO CLAIMANT: Submit one original to Accounts Payable. Attach all necessary receipts and other supporting documents to this form. Retain one (1) copy for your records. Please complete amount and all NC Financial System fields. <u>Must be filed at least monthly and not later than 30 days after month ends.</u> Must be prepared in ink or typed. <u>All claims for non-travel expense reimbursement must be emergency use only and must be justified in an attached supporting document.</u></small>	
MILEAGE RATE EFFECTIVE 1-1-2025	<input type="checkbox"/> Check if address is new

Completely fill out the top portion including:

- Employee Name,
- Division/Section, MPID/1140
- Employee #,

Note: The Employee # refers to your Fiori # or your Personnel No. on your paystub. You can access your paystubs via the “My Paystubs” link on the home screen of Fiori.

- Payee’s Address,

Note: If your address has changed since the last time you submitted a Reimbursement of Travel form, please check the “Check if address is new” box

located at the top of the first page. See the [MPID Notice](#) entitled “Policy for Personnel Address Changes” for additional information for ensuring your address is updated for the MPID database, Fiori, and the Travel Reimbursement system.

- Title
- Headquarters (City),

Note: If you are headquartered at an establishment, type the city where the establishment is located. If you are headquartered at home, type the city where your home is located.

- Period Covered by Request (from/to).

Note: The period covered should include the month, date range, and year. For example, January 1-31, 2025.

IN THE DISCHARGE OF OFFICIAL DUTY		
<small>INSTRUCTIONS TO CLAIMANT. Submit one original to Accounts Payable. Attach all necessary receipts and other supporting documents to this form. Retain one (1) copy for your records. Please complete amount and all NC Financial System fields. <u>Must be filed at least monthly and not later than 30 days after month ends.</u> Must be prepared in ink or typed. All claims for non-travel expense reimbursement must be emergency use only and must be justified in an attached supporting document. MILEAGE RATE EFFECTIVE 1-1-2025</small>		
<input type="checkbox"/> Check if address is new		
Employee Name	Division/Section	Employee #
Bonnie B Blueberry	MPID/1140	111112
Page's Address (Street)	Title	Headquarters (City)
12 Blueberry Street	Inspector I	Berry
(City, State, Zip)	Period Covered by this Request (from/to)	
Fruitville, NC 00000	January 1-31, 2025	

For travel, the date of the day needs to be included in the “Day” column. The city and the establishment number are to be included in the “From” and “To” columns. For in-state mileage, the miles shall be recorded in the I/S @.70 section. For out-of-state mileage, the miles shall be recorded in the O/S @.70 section.

Travel (show each city visited)				Transportation	
Day 1	From	To		In-State	Out-of-State
5	Berry TA 1111	Berry P00	1		
	Berry P00	Red Vine P001	G		
			A		
			O		
Depart:		Arrive:			
Mileage:	34.00	I/S @ .70	O/S @ .70	23.80	0.00

Sometimes there may not be enough lines to record all the stops you had to make during your tour of duty. In that case you would continue recording your trip in the next “**Day**” section and record the **date of the day and cont.** in that day block. Total miles for the day should be recorded in the **cont. day** section.

Travel (show each city visited)					Transportation	
Day 1	From	To	1	In-State	Out-of-State	
5	Berry TA 1111	Berry P00	G			
	Berry P00	Red Vine P001	A			
	Red Vine P001	Red Vine P002	O			
Depart:	Arrive:					
Mileage:	I/S @ .70	O/S @ .70	P	0.00	0.00	
Day 2	From	To	1	In-State	Out-of-State	
5 cont	Red Vine P002	Berry TA 1111	G			
			A			
			O			
Depart:	Arrive:					
Mileage:	87.00	I/S @ .70	O/S @ .70	P	60.90	
					0.00	

For travel that includes overnight stays:

- The date of the day needs to be included in the “**Day**” column.
- The city you are starting in along with where you are (home, hotel, office, etc.) needs to be included in the “**From**” column, e.g., Berry Home.
- Your destination city needs to be included in the “**To**” column along with where you are (office, hotel, home, etc.), e.g., Raleigh Office.
- The time of departure, notated as “**Depart**”, on the first day and the time of arrival, notated as “**Arrive**”, on the last day of travel need to be included so that meal eligibility can be determined. A state employee may be reimbursed for meals, including lunches, while on official state business when the employee is in **overnight travel status**.

Note: Meals cannot be claimed for single day travel (i.e., employee leaves home and returns home the same day).

Travel (show each city visited)				Transportation		Subsistence		
Day 4	From	To	1	In-State	Out-of-State	2	In-State	Out-of-State
10	Berry Home	Raleigh Office	G	16.00		B		
	Raleigh Office	Raleigh Hotel	A			L	14.00	
			O			D	24.40	
Depart:	8:00 am	Arrive:				H	P-Card	
Mileage:	24.00	I/S @ .70		O/S @ .70	P	16.80	0.00	T 38.40 0.00
Day 5	From	To	1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel	Raleigh Office	G	12.00		B	10.60	
	Raleigh Office	Berry Home	A			L	14.00	
			O			D		
Depart:		Arrive:	5:45 pm			H		
Mileage:	142.00	I/S @ .70		O/S @ .70	P	99.40	0.00	T 24.60 0.00

Meals shall be recorded in the “**Subsistence**” column at the current per diem rate for (B) Breakfast, (L) Lunch and (D) Dinner.

Travel (show each city visited)				Transportation		Subsistence		
Day 4	From	To	1	In-State	Out-of-State	2	In-State	Out-of-State
10	Berry Home	Raleigh Office	G	16.00		B		
	Raleigh Office	Raleigh Hotel	A			L	14.00	
			O			D	24.40	
Depart:	8:00 am	Arrive:				H	P-Card	
Mileage:	24.00	I/S @ .70		O/S @ .70	P	16.80	0.00	T 38.40 0.00
Day 5	From	To	1	In-State	Out-of-State	2	In-State	Out-of-State
11	Raleigh Hotel	Raleigh Office	G	12.00		B	10.60	
	Raleigh Office	Berry Home	A			L	14.00	
			O			D		
Depart:		Arrive:	5:45 pm			H		
Mileage:	142.00	I/S @ .70		O/S @ .70	P	99.40	0.00	T 24.60 0.00

Per Diem Rates Effective: July 1, 2023 – June 30, 2025

In-State: B \$10.60 L \$14.00 D \$24.40 H \$94.10

Out-of-State: B \$10.60 L \$14.00 D \$27.70 H \$111.10

Out-of-State Hotel Room Rate: \$111.10 + Taxes

In-State Hotel Room Rate: \$94.10 + Occupancy Tax

*State rate is \$94.10 or less. *Let the hotel know that NCDA&CS is sales tax-exempt and that you can provide them a copy of the tax-exempt letter. Some hotels will not honor this unless you pay with a government credit card.*

The below guideline should be used to determine allowable subsistence expenses for (B) Breakfast, (L) Lunch and (D) Dinner. Remember, no meals can be claimed for same-day travel.

Breakfast: Overnight status/depart duty station prior to 6:00 a.m.

Lunch: Overnight status/depart duty station prior to Noon (day of departure) or return to duty station after 2:00 p.m. (day of return)

Dinner: Overnight status/depart duty station prior to 5:00 p.m. (day of departure) or return to duty station after 8:00 p.m. (day of return).

To claim Breakfast & Dinner, leave prior to 6:00 a.m. and arrive after 8:00 p.m.

Note: If one consumes a meal provided at no cost (i.e., Hotel's free breakfast), per diem for the meal cannot be claimed. **"Gratis"** would be selected in the dropdown box for the meal.

If you have parking, shuttle, or taxi fees to claim, they shall be recorded under the **"Transportation"** column beside G. Receipts are required to be submitted for reimbursement. There are additional transportation costs that may be incurred such as A (Air) or O (Other) that should also be recorded under the **"Transportation"** column beside the relevant letter.

Travel (show each city visited)				Transportation		Subsistence	
Day	From	To		1 In-State	Out-of-State	2 In-State	Out-of-State
10	Berry Home	Raleigh Office	G	16.00			
	Raleigh Office	Raleigh Hotel	A			L	14.00
			O			D	24.40
Depart:	8:00 am	Arrive:				H	P-Card
Mileage:	24.00	I/S @ .70		P	16.80	T	38.40
		O/S @ .70			0.00		0.00
Day 5	From	To		1 In-State	Out-of-State	2 In-State	Out-of-State
11	Raleigh Hotel	Raleigh Office	G	12.00		B	10.60
	Raleigh Office	Berry Home	A			L	14.00
			O			D	
Depart:		Arrive:	5:45 pm			H	
Mileage:	142.00	I/S @ .70		P	99.40	T	24.60
		O/S @ .70			0.00		0.00

If, while in overnight status, a hotel stay was paid for via a government credit card (P-Card), "P-Card" shall be typed under the **"Subsistence"** column beside H for the night(s) stayed in the hotel.

Travel (show each city visited)				Transportation		Subsistence	
Day	From	To		1 In-State	Out-of-State	2 In-State	Out-of-State
10	Berry Home	Raleigh Office	G	16.00		B	
	Raleigh Office	Raleigh Hotel	A			L	14.00
			O			D	24.40
Depart:	8:00 am	Arrive:				H	P-Card
Mileage:	24.00	I/S @ .70		O/S @ .70	P	16.80	0.00
					T	38.40	0.00
Day 5	From	To		1 In-State	Out-of-State	2 In-State	Out-of-State
11	Raleigh Hotel	Raleigh Office	G	12.00		B	10.60
	Raleigh Office	Berry Home	A			L	14.00
			O			D	
Depart:		Arrive:	5:45 pm			H	
Mileage:	142.00	I/S @ .70		O/S @ .70	P	99.40	0.00
					T	24.60	0.00

VI. POLICY FOR FORM SUBMISSION

Once you have completed the appropriate Reimbursement of Travel and Other Expenses Incurred form, sign it using a LincPass (if available) in the claimant box under signatures.

1. To sign the form using LincPass, you will double-click on the "Claimant" box.
2. A "Sign" prompt screen will pop up, allowing you to type or ink your name beside the **X**. Once you have typed or inked your name, click the "Sign" command at the bottom right of the pop-up box.

Sign
?
X

See additional information about what you are signing...

Before signing this document, verify that the content you are signing is correct.

Type or ink your name below, or click Select Image to select a picture to use as your signature:

X Bonnie B Blueberry Select Image...

Claimant

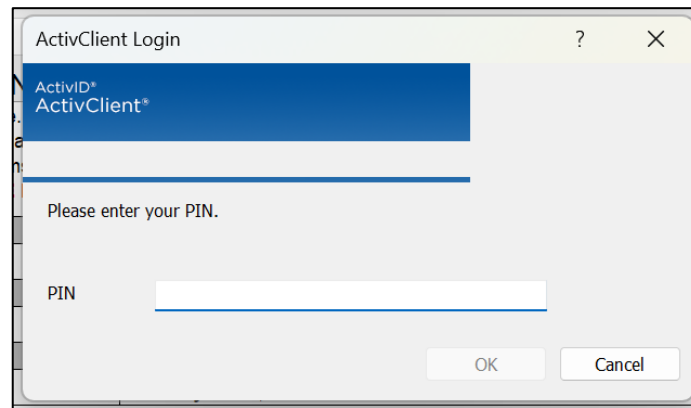
To include information about the signer, click the details button. Details...

Signing as: Department of Agriculture Change...

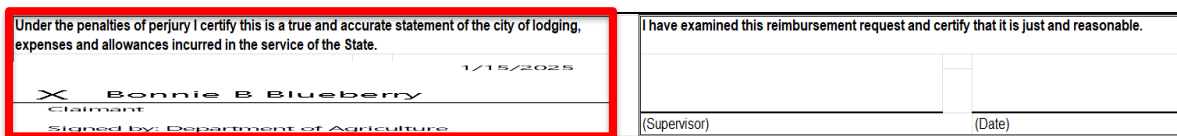
Issued by: Entrust Managed Services SSP CA

Sign Cancel

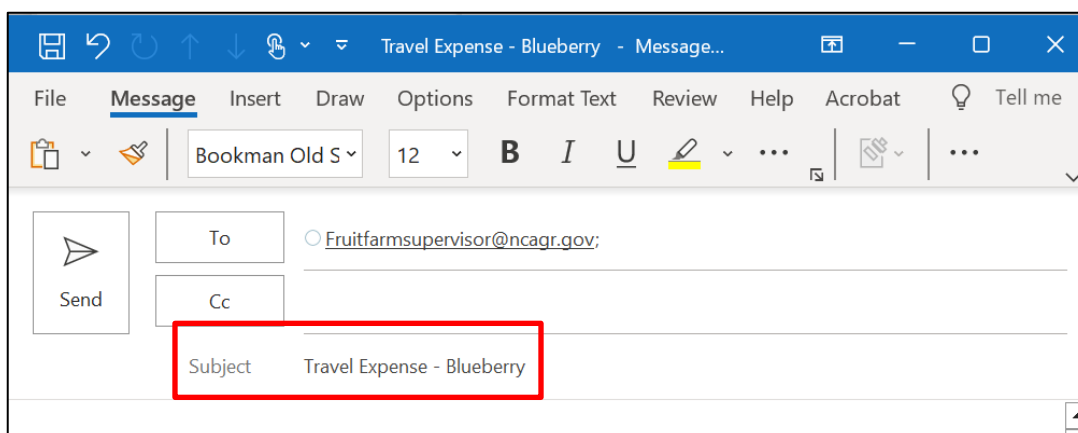
- Once you click “Sign” an “ActivClient Login” prompt screen will pop up asking you to enter your PIN. Enter the PIN associated with your Lincpass.

A screenshot of the ActivClient Login dialog box. The title bar says "ActivClient Login". Inside, there's a blue header with "ActivID*" and "ActivClient*". Below that, it says "Please enter your PIN." and has a text input field labeled "PIN". At the bottom right are "OK" and "Cancel" buttons.

- Once you enter your pin, your document should be successfully signed and ready for submittal.

A screenshot of a reimbursement form. The left side has a red box around the text: "Under the penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses and allowances incurred in the service of the State." followed by a signature line for "Bonnie B Blueberry" dated "1/15/2025". The right side has a section for the supervisor's signature and date, with the text "I have examined this reimbursement request and certify that it is just and reasonable."

Next, attach the form to an email and send to your supervisor for review with “Travel Expense” and your last name in the subject line as shown below.

A screenshot of an email composition window in Microsoft Word. The title bar says "Travel Expense - Blueberry - Message...". The "To" field contains "Fruitfarmssupervisor@ncagr.gov;". The "Subject" field is highlighted with a red box and contains "Travel Expense - Blueberry".

The supervisor will review the form for accuracy. If any changes are needed at this point, the supervisor will contact you to make the edits, and you will need to resubmit the form with changes made. If the form is acceptable, the supervisor will forward the form to MPID.Forms@ncagr.gov.

Note: If you do not have LincPass, such as Compliance Officers and New Inspectors, you will need to print, sign, scan, and email the completed form to your supervisor for review with “Travel Expense” and your last name in the subject line of the email. The supervisor will review the form for accuracy and if acceptable forward the form for submission to MPID.Forms@ncagr.gov.

The Raleigh Office Staff should print and sign a hard copy of the form to turn into Accounting Technician.

If you have any receipts from fees (parking, hotel, etc.) for which you are requesting reimbursement for, you will need to scan those and email them to your supervisor along with the travel reimbursement form.

VII. REIMBURSEMENT FORM DUE DATE

Per the [MPID Notice](#) entitled “Report Due Dates”, the form is due into the Raleigh Office by the 7th of the following month.

Note: When in **overnight travel status** and the end of the month falls during the middle of the week, complete the week on that expense sheet prior to submitting it to your supervisor.

For example: If October 31st falls on a Monday, put all days for that week (through November 4th) on the October expense sheet prior to submitting to your supervisor for review.

VIII. ADDITIONAL INFORMATION:

If you have any questions or need additional information, contact your Supervisor.

Dr. Karen Beck
State Director

DISTRIBUTION:
All MPID Personnel

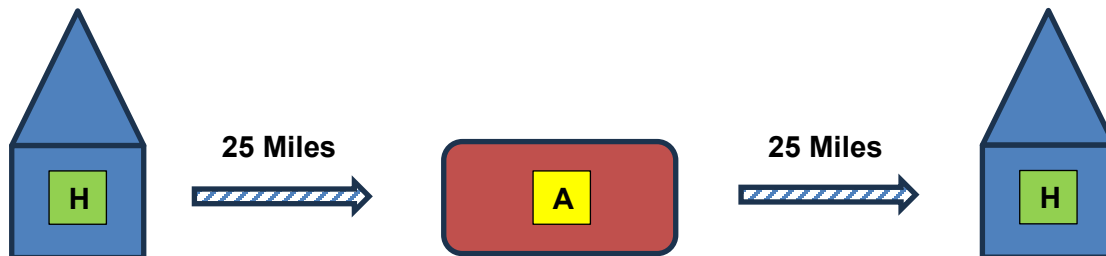
SUBJECT CATEGORY:
Administrative

Attachment 1

Information to consider for all examples below: Consider that an employee's duty station (A) is 25 miles from their home (H). Their total Normal Commuter Mileage would be 50 miles (25 miles from home to duty station + 25 miles from duty station back to home = 50 miles).

Example 1:

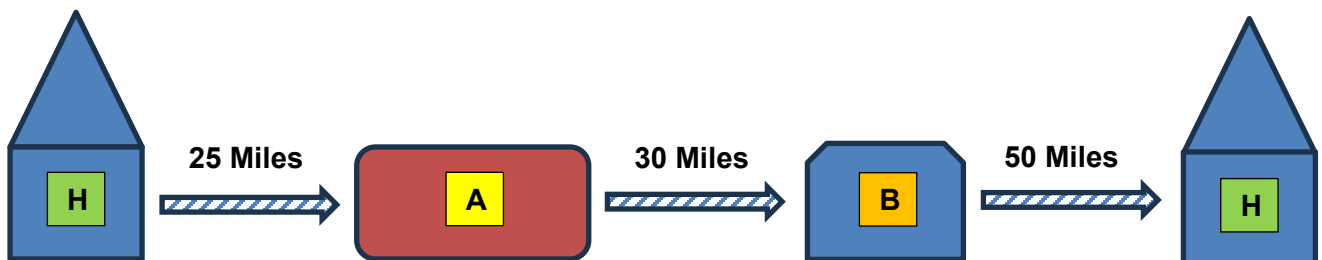
An employee travels from home (H) to duty station (A) and then returns home (H).



The graphic above represents normal commuter mileage (50 miles). This mileage cannot be claimed.

Example 2:

An employee travels from home to duty station (A), then another establishment on their patrol (B) and then returns home (H).



If adding the mileage together from above:

25 miles + 30 miles + 50 miles = 105 Total Miles Traveled.

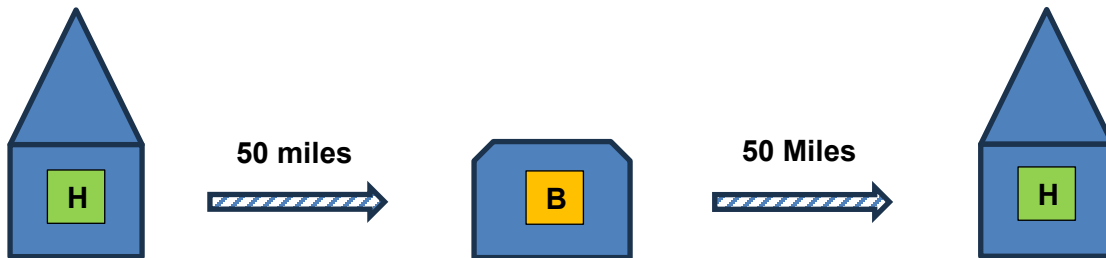
To calculate the reimbursable mileage to be claimed, you would subtract the Normal Commuter Mileage from the Total Miles Traveled.

105 Total Miles Traveled – 50 Normal Commuter Miles = 55 miles

55 miles can be claimed on the employees Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form.

Example 3:

An employee travels from home (H) to an establishment on their route that is not considered their duty station (B) and then returns home (H). The employee's duty station was not working this day.



If adding the mileage together from above:

50 miles + 50 miles = 100 Total Miles Traveled.

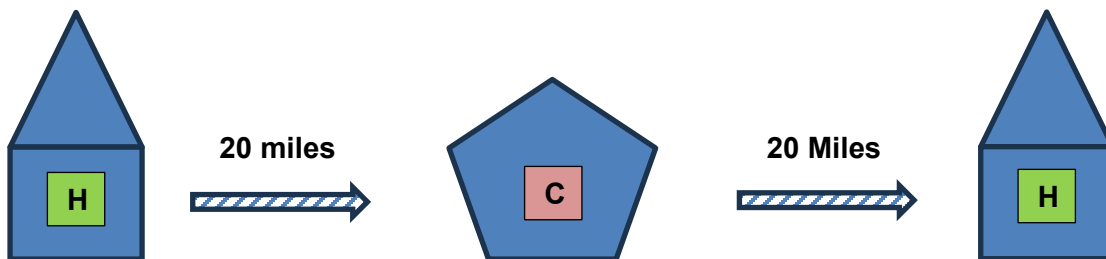
To calculate the reimbursable mileage to be claimed, you would subtract the Normal Commuter Mileage from the Total Miles Traveled.

100 Total Miles Traveled – 50 Normal Commuter Miles = 50 miles

50 miles can be claimed on the employees Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form.

Example 4:

An employee travels from home (H) to an establishment not on their assigned route (C) and then returns home (H). The employee's duty station was not working this day.



If adding the mileage together from above:

20 miles + 20 miles = 40 Total Miles Traveled

In this case, the Total Miles Traveled (40 miles) is less than the employee's Normal Commuter Mileage (50 miles), therefore the mileage in this scenario cannot be claimed on the employees Reimbursement of Travel and Other Expenses Incurred in the Discharge of Official Duty form.