



**WAIVER OF PER DIEM AND TRAVEL ALLOWANCES**  
**FOR**  
**NORTH CAROLINA COMMISSION ON INCLUSION MEMBERS**  
**CALENDAR YEAR 2018**

**Please sign the statement below that applies for tax year 2018:**

I, the undersigned North Carolina (NC) Commission on Inclusion Member, do voluntarily waive my right to receive the state per diem allowance (currently \$15.00 per day of service) for my attendance at NC Commission on Inclusion meetings, subcommittee meetings, conferences and NC Commission on Inclusion activities of any kind for the period ending 12/31/2018.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Witness)