

PO Box 100 – Hankinson, ND 58041

Address _____

Position _____ Date _____

Due: 15th/Month

Date		Points Covered By Travel			Personal Vehicle Miles	Misc Exp	Out Of State		In-State Qtrs.Day Claimed	Total Meals & Lodging	
Mo.	Day	From	To	Purpose			Meals	Lodging			
				Total Miles ⇒		Total Meals & Lodging ⇒					
Purpose of Travel and Explanation of Expenses: Attach Agenda for workshop Departure Time _____ Return Time _____ Employee must be away from normal place of employment at least 6 hrs. to receive reimbursement for the following: <ul style="list-style-type: none"> • 1st quarter Meal (travel before 7 am) \$9.00 • 2nd quarter Meal (noon to 6 pm) \$14.00 • 3rd quarter Meal (6 pm to midnight) \$22.00 • 4th quarter Lodging- Actual with receipts \$99.00 						Total Misc Expense ⇒					
						Miles at .70 cents per mile					
					Commercial Transportation Expense						
					Days Per Diem at						
					Total						

Claimant's Signature _____