## **SOUTH VALLEY SPECIAL EDUCATION**

**PO Box 100 - Hankinson, ND 58041** 

Claimant's Name

		Address								
Position						Date				
		DAILY E	XPENSES FOR	WHICH REIMBURSEM	IENT IS CL	AIMEI	)		Due: 15 <sup>tl</sup>	h/Month
Date		Points Covered By Travel			Personal Vehicle	Misc Exp	Out Of State		In-State Qtrs.Day	Total Meals &
Mo. Day	Day	From	То	Purpose	Miles		Meals	Lodging	Claimed	Lodging
				Total Miles $\Rightarrow$		Total	Meals &	 & Lodging	$egin{array}{ccc} egin{array}{ccc} eta & \Rightarrow & \end{array}$	
Purpose of Travel and Explanation of Expenses:  Attach Agenda for workshop						Total Misc Expense ⇒				
Dep Reti	artur urn Ti	e Time me			Miles at .70 cents per mile					
				ace of employment at						
least 6 hrs. to receive reimbursement for the following:  • 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					Commercial Transportation Expense					
					Days Per Diem at					
•			ing- Actual with	Total						
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The above statement is true and correct.

Claimant's Signature \_\_\_\_\_