SOUTH VALLEY SPECIAL EDUCATION

PO Box 100 – Hankinson, ND 58041

Claimant's Name _____

Address _____

_____

Position _____ Date_____

DAILY EXPENSES FOR WHICH REIMBURSEMENT IS CLAIMED **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:

- 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 $96.30

	Total Misc Expense ⇒	
	Miles at .**67 cents** per mile	
Commercial Transportation Expense		
Days Per Diem at		
	Total	

The above statement is true and correct.

Claimant's Signature _____