

REIMBURSEMENT VOUCHER/MEETINGS

North Dakota Department of Transportation, Safety Division
SFN 16632 (3-2018)

Please type or print and fill in all areas that apply.

Title of Training		Location		Overnight Stay <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name			State Employee <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Address			If no, MUST attach a completed W-9	
City		State	ZIP Code	

Left Home		Returned Home	
Date	Time	Date	Time

MEALS	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA				TOTAL	**Percentage of GSA Daily Rate.
	BREAKFAST \$7.00	LUNCH \$10.50	DINNER \$17.50	SUB TOTAL	DAILY PER DIEM AMT	BREAKFAST 20%**	LUNCH 30%**	DINNER 50%**		
Number of Meals										
No. X Rate = Cost										
LODGING (Receipt Required)	ACTUAL COST UP TO 90% OF GSA RATE/ DAY PLUS STATE AND LOCAL TAXES				ACTUAL COST/DAY					
	Rate X Days =				Rate X Days =					
MILEAGE	Miles @ .545¢				Miles @ .545¢		Miles @ .18¢			
	X =				X =		X =			
MISCELLANEOUS EXPENSES (Registration Fee, Parking, etc.)										
TOTAL CLAIM										

I CERTIFY, IN ACCORDANCE WITH THE LAWS OF THE STATE, ACTUAL COSTS CLAIMED HAVE BEEN INCURRED FOR THE PURPOSE SPECIFIED.

Project Number

Claimant's Name (Type or Print)

Telephone Number

Claimant's Signature

Date

Please return completed form to:

SAFETY DIVISION
608 EAST BOULEVARD AVENUE
BISMARCK ND 58505-0700