REIMBURSEMENT VOUCHER/MEETINGS

North Dakota Department of Transportation, Safety Division

SFN 16632 (4-2017)

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

Title of Training	Location	Overnight Stay ☐ Yes ☐ NO

Name	State Employee ☐ Yes ☐ NO
Address	If no, MUST attach a completed W-9

City	State	ZIP Code

Left Home		Returned Home	
Date	Time	Date	Time

	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA					**Percentage of GSA Daily Rate.
MEALS	BREAKFAST $7.00	LUNCH $10.50	DINNER $17.50	SUB TOTAL	DAILY PER DIEM AMT	BREAKFAST 20%**	LUNCH 30%**	DINNER 50%**	SUB TOTAL	
Number of Meals										TOTAL
No. X Rate = Cost	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00
LODGING (Receipt Required)	ACTUAL COST UP TO 90% OF GSA RATE/ DAY PLUS STATE AND LOCAL TAXES				ACTUAL COST/DAY					
	Rate X Days = $0.00				Rate X Days = $0.00					$0.00
MILEAGE	Miles @ .535¢ X = $0.00				Miles @ .535¢ X = $0.00		Miles @ .18¢ X = $0.00			$0.00

MISCELLANEOUS EXPENSES (Registration Fee, Parking, etc.)	
TOTAL CLAIM	$0.00

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