

# 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 <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 @ .535¢				Miles @ .535¢		Miles @ .18¢			
	X =				X =		X =			
<b>MISCELLANEOUS EXPENSES</b> (Registration Fee, Parking, etc.)										
<b>TOTAL CLAIM</b>										

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