# RTAP TRAVEL EXPENSE VOUCHER

North Dakota Department of Transportation, Local Government

SFN 58369 (3-2017)

☐ In-State

☐ Out-of-State

**REQUEST FOR REIMBURSEMENT (*This RTAP TRAVEL EXPENSE VOUCHER must be submitted within 6 weeks of the event or June 15, whichever is earlier. Late submittals will NOT be paid. Training expenses are NOT eligible for other federal transit reimbursement or state aid for public transportation reimbursement.*)**

| Event and Location | Date From | Date To |
|---|---|---|
| Transit Agency Name | | |
| Individual's Name | Work Telephone Number | |
| Mailing Address | State | ZIP Code |

**Mileage Reimbursement** (personal vehicle $ 0.535 per mile or project vehicle $ 0.20 per mile)

| Beginning Odometer Reading | Ending Odometer Reading | TOTAL MILES x PER MILE = | $0.00 |
|---|---|---|---|

**Out-of-State Only -** based on GSA Per Diem Rates

| Departure | | Return | |
|---|---|---|---|
| Date | Time | Date | Time |
| Breakfast Cost | | # of Breakfast | Breakfast Total $0.00 |
| Lunch Cost | | # of Lunch | Lunch Total $0.00 |
| Dinner Cost | | # of Dinner | Dinner Total $0.00 |
| | | TOTAL MEALS | $0.00 |

**Meals Reimbursement In-State Only**

| Departure | | Return | |
|---|---|---|---|
| Date | Time | Date | Time |
| Breakfast (In-State not to exceed $7.00 per Day) | | # of Breakfast | Breakfast Total $0.00 |
| Lunch (In-State not to exceed $10.50 per Day) | | # of Lunch | Lunch Total $0.00 |
| Dinner (In-State not to exceed $17.50 per Day) | | # of Dinner | Dinner Total $0.00 |
| | | TOTAL MEALS | $0.00 |

**Commercial Transportation** (receipts must be attached)

| | |
|---|---|
| Airfare | |
| Vehicle / Shuttle | |
| Other (Specify) | |
| TOTAL COMMERCIAL | $0.00 |

**Lodging Reimbursement** (receipts must be attached)

| |
|---|
| IN STATE: Lodging may not exceed $ 80.10 plus tax, per night (rate exceptions exist for Dickinson, Beulah, Minot, and Williston)<br><br>OUT OF STATE: Actual lodging expense only with prior approval. |
| TOTAL LODGING |

**Registration Fee** (receipts must be attached)

| **TOTAL AMOUNT OF CLAIM REQUESTED** | $0.00 |
|---|---|

***I hereby certify that items claimed are accurately stated and I also acknowledge that any willful certification of an unlawful expense constitutes a misdemeanor as provided by state law NDCC 44-08-03***

| Signature | Date |
|---|---|

Submit form to:
LOCAL GOVERNMENT DIVISION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700