

(Revised February 1, 2019)

CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

Name _____ Month of _____ Year _____

School _____ Official Position _____

Home Address _____

Daily Expenses For Which Reimbursement is Claimed *(See instructions on reverse)*

Day (1)	Points Covered by Travel (2)	Personal Vehicle Miles (3)	Misc. Exp. (4)	Out of State		In-State	Total Meals/ Lodging (8)
				Meals (5)	Lodging (6)	Qtrs. Day Claimed (7)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Purpose of Travel:		TOTAL Miles				Total Meals/Lodging	
				ACCOUNT CODE			Total Misc. Expenses
					Miles @ \$.19/mile		
					Miles @ \$.58/mile		
						TOTAL	

I hereby certify that this statement truthfully and accurately states the day of service and the mileage traveled. I also acknowledge that any willful certification of an unlawful expense and/or traveling account constitutes a felony punishable by law. NDCC Section 44-08-05.

Employee Signature _____ Date _____
Administrator Signature _____ Date _____

GENERAL INSTRUCTIONS

1. Each school district employee claiming travel expense reimbursement shall submit only one voucher for each calendar month.
2. Information on vouchers must be typewritten or legibly printed.
3. Receipts required for each expenditure for commercial transportation except taxi fare of \$10.00 or less. Receipts required for each miscellaneous expenditure exceeding \$2.00.
4. Amended sections of the code pertaining to travel expenses are: 44-08-03, 44-08-04, 44-08-05, 44-08-05.1, 54-06-09, 54-14-07, HR 120-7. Penalties for filing false claims are stated in these sections.

IN-STATE TRAVEL

1. Personal vehicle mileage is \$.58 per mile.
2. Maximum quarter-day reimbursements for meals and lodging as follows, but employee must be away from normal place of employment a minimum of six hours to receive any reimbursement:

First Quarter:	6:00 a.m - 12:00 Noon	\$ 7.00
Second Quarter	12:00 Noon - 6:00 p.m.	10.50
Third Quarter:	6:00 p.m. - 12:00 p.m.	17.50
Fourth Quarter:	12:00 p.m. - 6:00 a.m.	Lodging

Receipts are not required for the first three quarters. The lodging receipt is required for the fourth quarter. All lodging is reimbursed at actual cost upon administrative approval. List quarters claimed by number in column 7. Amount approved by department for meals and lodging for each day must be entered in column 8.

OUT-OF-STATE TRAVEL

1. Maximum personal vehicle reimbursement for travel by one school district employee is for the first 300 miles beyond the state border @ \$.58 per mile. Thereafter the amount will be \$.19 per mile.
2. Out-of-state allowance for meals varies per day depending on the city to which you are traveling. Upon your return from an out-of-state trip, contact the Business Office for specific information as to what the per diem rate will be for your travel voucher reimbursement.