# NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM

STATE OF NORTH DAKOTA

SFN 10230 (1-2018)

***TYPE OR PRINT***

● = Attach Receipt(s)

| Name | | Date Submitted | |
|---|---|---|---|
| Address | City | State | ZIP Code |
| Name of Board or Commission | | Meeting/Seminar Date(s) | |

| **TRAVEL TIME** | Date of Departure From Home | Time of Departure From Home ☐ AM ☐ PM | Date of Return To Home | Time of Return To Home ☐ AM ☐ PM |
|---|---|---|---|---|

***INSTRUCTIONS***

Enter amount of expenses that you incurred in block to the right. Do not include automobile mileage unless you drove your own vehicle. Reimbursement is 54.5¢ per mile in North Dakota, 54.5¢ per mile to a geographic point 300 miles each way from the borders of the state, and 18¢ per mile for the remaining distance.

Receipts must be attached to this form for all costs indicated by "●". Actual receipts are required; copies of credit card slips are not acceptable.

Lodging for in-state is reimbursed at actual cost up to 90% of GSA rate/day plus additional state and local taxes applicable to the GSA rate; out- of-state is actual cost.

*"Other"* costs must be explained and receipt(s) attached.

| | |
|---|---|
| Commercial Transportation Expense ● | $ |
| Taxi Fare (Receipt If Over $10.00) ● | $ |
| Registration Fee (If Paid By You) ● | $ |
| Lodging ● | $ |
| Other - Explain: ● | $ |
| Automobile Mileage (Round Trip) | |
| Automobile Mileage (Out-Of-State) | |

| Were meals included in registration fee? ☐ No ☐ Yes - Which? | Number of Breakfasts | Number of Lunches | Number of Dinners |
|---|---|---|---|
| Explanation of Travel and Other Costs | | | |

ATTACH COPY OF MEETING ANNOUNCEMENT

Signature

**BOTTOM SECTION FOR USE BY PROCESSING AGENCY ONLY**

| | IN NORTH DAKOTA | | | | OUTSIDE NORTH DAKOTA | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **MEALS** | BREAKFAST $7.00 | LUNCH $10.50 | DINNER $17.50 | SUB TOTAL | BREAKFAST * 20% | LUNCH * 30% | DINNER * 50% | SUB TOTAL | **TOTALS** |
| Number of Meals | | | | | | | | | |
| No. X Rate = Cost | | | | | | | | | Meals $ |
| **LODGING** | *ACTUAL COST UP TO 90% OF GSA RATE/ DAY PLUS STATE AND LOCAL TAXES* | | | | *ACTUAL COST/DAY* | | | | |
| | Rate X Days = | | | | Rate X Days = | | | | Lodging $ |
| **MILEAGE** | Miles @54.5¢ = | | | | Miles @54.5¢ = | | Miles @18¢ = | | Mileage $ |

* Percentage of GSA Rate.
Continental U.S. = Applicable GSA Rate.
Canada, Alaska, Hawaii = Applicable rate for federal employees.
All other International Travel = Applicable rate for federal employees.

| | |
|---|---|
| Commercial Transportation | $ |
| Taxi Fare | $ |
| Registration Fee | $ |
| Other | $ |
| **TOTAL CLAIM** | $ |

| Business Unit | Department | Account |
|---|---|---|
| Agency Approval (Authorized Signature) | | Date Approved |