# PTRCF ADVISORY BOARD TRAVEL EXPENSE VOUCHER

NORTH DAKOTA INSURANCE DEPARTMENT-SPECIAL FUNDS DIVISION
PETROLEUM TANK RELEASE COMPENSATION FUND (PTRCF)
SFN 52864 (8-2009)

| Name | | | Date Submitted |
|---|---|---|---|
| Address | City | State | ZIP Code |

| 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 |
|---|---|---|---|---|
| | | | | |

| | IN NORTH DAKOTA | | | | OUTSIDE NORTH DAKOTA | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **MEALS** | BREAKFAST $5.00 | LUNCH $7.50 | DINNER $12.50 | SUB TOTAL | BREAKFAST * 20% | LUNCH * 30% | DINNER * 50% | SUB TOTAL | | **TOTALS** |
| Number of Meals | | | | | | | | | | |
| No. X Rate = Cost | | | | | | | | | Meals | $ |
| **LODGING** | *ACTUAL COST UP TO $63.00/DAY PLUS STATE AND LOCAL TAXES* | | | | *ACTUAL COST/DAY* | | | | | |
| | Rate X Days = | | | | Rate X Days = | | | | Lodging* | $ |
| **MILEAGE** | Miles @$.55 = | | | | Miles @$.55 = | | 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.

**PER DIEM:** _____ Days at $62.50

| | |
|---|---|
| Commercial Transportation* | $ |
| Taxi Fare* | $ |
| Per Diem | $ |
| Other* | $ |
| **TOTAL CLAIM** | $ |

* Attach Receipts

| Were meals included in registration fee? ☐ No ☐ Yes - Which? | Number of Breakfasts | Number of Lunches | Number of Dinners |
|---|---|---|---|
| | | | |

| Explanation of Travel and Other Costs |
|---|
| |

| Signature |
|---|
| |

ATTACH COPY OF MEETING ANNOUNCEMENT

| Agency Approval (Authorized Signature) | Date |
|---|---|
| | |