



TEACHER SUPPORT SYSTEM GRANT INDIVIDUAL TRAVEL REIMBURSEMENT CLAIM

EDUCATION STANDARDS AND PRACTICES BOARD

SFN 59235 (11-2011)

NORTH DAKOTA
TEACHER
SUPPORT
SYSTEM

Instructions for Teachers:

1. Enter amount of expenses that you incurred. **Do not include automobile mileage unless you drove your own vehicle.**
2. Attach receipts for hotel costs if not direct billed. Actual receipts are required; copies of credit card slips are not acceptable.
3. "Other" costs must be explained and receipt(s) attached.
4. Submit completed form to **TSS Mentoring Program, 2718 Gateway Avenue, Suite 303, Bismarck, ND 58503**

Name		Date Submitted
Address		
City, State, Zip Code	Email Address	
School	City	
Reason for travel		Meeting dates
Departure Date and Time	Expected Return Date and Time	

Number of Breakfasts (if not provided)	_____ X \$6.00	= \$	Meal totals
Number of Lunches (if not provided)	_____ X \$9.00	= \$	
Number of Dinners (if not provided)	_____ X \$15.00	= \$	
Lodging (reimbursed at State rate, no tax) (Receipt must be attached if not direct billed). <input type="checkbox"/> Direct billed <input type="checkbox"/> Shared room (Name of person shared with _____)			= \$
Other-Explain			= \$
Automobile Mileage (Round Trip) _____ miles X \$.51			= \$
Total			= \$
Signature X			

All tools for the Teacher Support System Mentor Program can be found online at <http://www.nd.gov/espb/profdev/forms.html>

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