



NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM
 Department of Career and Technical Education
 SFN 50521 (Rev. 12/15)

State Capitol 15th Floor
 600 E Boulevard Ave Dept 270
 Bismarck, ND 58505-0610
 Phone 701-328-3180
 Fax 701-328-1255

Name			
Mailing Address		City, State, Zip Code	
Name & Dates of Meeting/Seminar			
Date and Time Travel Began		AM PM	Date and Time Travel Ended
			AM PM

Commercial Transportation (attach original receipt/coupon)	\$	Taxi Fare (attach receipt if over \$10)	\$
Registration Fee (attach receipt if paid by claimant)	\$	*Lodging (attach original receipt)	\$
Other (attach receipts - meals not applicable)	\$	Personal Vehicle Mileage (round trip)	miles
Were any meals provided to you? Yes No		If yes, which ones?	

***See In-State Travel Table for lodging and mileage rates at www.nd.gov/cte/forms**

I certify this request is correct and complete and all expenditures are accurate.

_____ Signature _____ Date

STATE USE ONLY							
	IN NORTH DAKOTA			OUTSIDE NORTH DAKOTA			Totals
	Breakfast \$7	Lunch \$10.50	Dinner \$17.50	Breakfast 20% GSA Rate	Lunch 30% GSA Rate	Dinner 50% GSA Rate	
Number of Meals							
Number x Rate = Cost							\$
*LODGING	\$_____ Rate x _____ Night(s) =			(Actual Cost)			
				\$_____ Rate x _____ Night(s) =			\$
*MILEAGE	_____ miles @ \$_____ =			_____ miles @ \$_____ =			\$
OTHER EXPENSES							\$
Total Claim							\$
_____ CTE Approval				_____ Date			
Line	Business Unit	Account Object Code	Dept Cost Center	Operating Unit	Class APPN LINE	Fund	Project

Retain a copy for your records.