



# EXPENSE CLAIM FOR NONDEPARTMENT EMPLOYEES

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
 OFFICE OF FISCAL MANAGEMENT  
 SFN 9007 (Rev. 1-2018)

Please Print or Type

Claimant's Name	Claimant's E-Mail Address	Telephone Number
Residential Mailing Address	City	State ZIP Code

## Summary of Expenses for Which Reimbursement is Claimed

(Reimbursement Policies on Reverse Side)

Activity/Event (attach a copy of agenda)	DPI Unit or Contact Person	Date of Activity/Event
Location(s)		

### Transportation

Personal Vehicle Miles _____ at \$0.54.5 per mile (Include mileage both directions)	\$	
Taxi Fare (Receipt required if over \$10)	\$	
Commercial Fares (Itemized receipt required)	\$	
<b>Total Transportation Expense</b>	<b>\$</b>	

### Registration, Meals, Lodging, Miscellaneous

Registration Fee (Receipt required.)	\$	
Meals (Not included in registration fee -- no receipts please)		
Date _____ and Time of Departure from Home _____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM	\$	
Date _____ and Time of Return to Home _____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM		
Lodging (Itemized receipt required.)	\$	
Miscellaneous Expenses (Receipts required.)	\$	
<b>Total Registration, Meals, Lodging, Miscellaneous Expenses</b>	<b>\$</b>	

### Professional Fees

Per Diem and/or Meeting Compensation (please itemize): _____	\$	
Professional Fee (please itemize): _____	\$	
<b>Total Professional Fee</b>	<b>\$</b>	
<b>Total Expenses</b> (Transportation, Registration, Meals, Lodging, Miscellaneous, Professional Fees)	<b>\$</b>	
<b>Total Amount Paid</b> (If Different From Total Expenses)	<b>\$</b>	

**Certification:** I certify that this itemized statement representing a claim for fees, travel expenses and miscellaneous costs, or combination thereof, truthfully and accurately describes the services rendered, the days of service, and travel related expenses; and that the amount of payment will not be duplicated from any other source.

Claimant's Signature	Date
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### Department of Public Instruction Use Only

Contract Number	Speed Chart	Year	Class	Dept. ID	Fund	Project	Activity	Grant Mgr.	Unit Approval	Date
Travel: 521060	PF-Consultant: 623255	PF-Instructor: 623080	Registration: 611005	Other: _____	Category					



**North Dakota Department of Public Instruction  
State Travel Reimbursement Policy for Non-employees**

SFN 9007 Page 2, effective January 1, 2018

Travel reimbursement will be made according to ND OMB Policies 502-516 as outlined below. Payment for travel expenses that exceed the agreed upon budget must be approved by State's project manager.

**Per Diem (Meal Allowance):**

A contractor shall be reimbursed per diem for meals paid by the contractor while traveling at the request of the State, up to the allowable rates established below (meal receipts are not required.) A contractor will not be reimbursed for the first quarter if travel began after 7:00 a.m. In order to claim expenses for the second and third quarters, the contractor must have been in travel status one hour before the start of the quarter being claimed, and travel status must extend at least one hour into the quarter being claimed. No meals are reimbursed if total travel status is less than 4 hours. Meals in the city of residence/employment and meals provided by a conference are not reimbursable.

Per Diem for travel within North Dakota	Per Diem for travel outside of North Dakota
The maximum meal allowance for each quarter: \$ 7.00 1 <sup>st</sup> Qtr, 6:00 am to 12:00 pm (20%) \$10.50 2 <sup>nd</sup> Qtr, 12:00 pm to 6:00 pm (30%) \$17.50 3 <sup>rd</sup> Qtr, 6:00 pm to 12:00 am (50%) <b>\$35.00</b> Maximum per day reimbursement for meals	GSA meal allowance rates for city of destination: <a href="http://www.gsa.gov/portal/category/100120">http://www.gsa.gov/portal/category/100120</a> .  Same quarterly breakdown as in-state allowance.

**Lodging:**

Copies of itemized lodging receipts are required. State will not reimburse incidental expenses (e.g. movies, phone, etc), however, applicable taxes are reimbursed. Travelers need to exercise diligence in securing hotel rooms at the best possible rate.

In-State Lodging	Out-of-State Lodging
Lodging costs should follow the same rates as State employees whenever possible: see State rates below.	Lodging costs are reimbursed at actual costs.

**Amounts shown are 90% of published GSA rates, and the maximum reimbursable rate that can be claimed, plus applicable state and local taxes. Rates are dependent upon location of stay.**

City	Counties	2017			2018								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
All other	All other	83.70	83.70	83.70	83.70	83.70	83.70	83.70	83.70	83.70	83.70	83.70	83.70
Williston	Williams, Mountrail, McKenzie	84.60	84.60	84.60	84.60	84.60	84.60	84.60	84.60	84.60	84.60	84.60	84.60

**Transportation:**

- ❖ In-state mileage for personal car use is reimbursed at \$.54.5 per mile.
- ❖ Reimbursements for airline ticket or other travel must be specified in the contract. Contractor will be reimbursed for coach class tickets and must exercise diligence in securing the best possible rates. Receipts showing flight itinerary are required.
- ❖ Luggage fee will be reimbursed only for the first piece of checked luggage unless specified in the contract.
- ❖ **Car rental is not an allowable expense.**

**Misc:**

- ❖ All allowable travel expenses (other than meal per diem) greater than \$10 must be documented with itemized receipts (luggage, taxi etc.)
- ❖ Parking fees at a motel/hotel or an airport require a receipt and will only be reimbursed for overnight travel.
- ❖ Contractors are requested to submit reimbursement claims within 30 days of travel. Due to year-end accounting requirements, June travel expenses must be submitted to NDDPI no later than July 14th of any year.
- ❖ Contractors submit reimbursement claims on State form # SFN 9007; include dates of travel and, if claiming per diem, include time of departure from home (office) and time of return to home (office).