



# EXPENSE CLAIM FOR NONDEPARTMENT EMPLOYEES

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
 OFFICE OF FISCAL MANAGEMENT  
 SFN 9007 (Rev. 10/2015)

Please Print or Type

|                                                                                                           |                            |       |                          |
|-----------------------------------------------------------------------------------------------------------|----------------------------|-------|--------------------------|
| Claimant's Name                                                                                           | Claimant's E-Mail Address  |       | Daytime Telephone Number |
| Mailing Address                                                                                           | City                       | State | ZIP Code +4              |
| <b>Summary of Expenses for Which Reimbursement is Claimed</b><br>(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 \$0.575 per mile                     | \$ |  |
| Taxi Fare (Receipt required if over \$10, tips are not reimbursable) | \$ |  |
| Commercial Fares (Itemized receipt required)                         | \$ |  |
| <b>Total Transportation Expense</b>                                  | \$ |  |

## Registration, Meals, Lodging, Miscellaneous

|                                                                                                                                                                                 |    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| Registration Fee (Receipt required.)                                                                                                                                            | \$ |  |
| Meals (Not included in registration fee – no receipts please)<br>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>                                                                                                               | \$ |  |

## Professional Fees

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

**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 |
|----------------------|------|

## Department of Public Instruction Use Only

|                 |         |      |         |          |             |             |               |      |
|-----------------|---------|------|---------|----------|-------------|-------------|---------------|------|
| Contract Number | Dept ID | Fund | Project | Activity | Class 20130 | Grants Mgr. | Unit Approval | Date |
|-----------------|---------|------|---------|----------|-------------|-------------|---------------|------|



**North Dakota Department of Public Instruction**  
**State Travel Reimbursement Policy for Non-employees**  
 SFN 9007 Page 2, effective Oct 1, 2015

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:**

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.

**In-State**

The maximum expense allowance for each quarter:

- \$ 7.00 1<sup>st</sup> Quarter, 6:00 a.m. to 12:00 noon (20% for breakfast quarter)
- \$10.50 2<sup>nd</sup> Quarter, 12:00 noon to 6:00 p.m. (30% for lunch quarter)
- \$17.50 3<sup>rd</sup> Quarter, 6:00 p.m. to 12:00 midnight (50% for supper quarter)
- \$35.00** Maximum per day reimbursement for meals

**Out-of-State**

GSA meal allowance rates for city of destination: <http://www.gsa.gov/portal/category/100120>. Same quarterly break-down percentages 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 costs should follow the same rates as State employees whenever possible: see State rates below.

**Out-of-State** lodging costs are reimbursed at actual costs.

| City                 | Counties                            | 2015   |        |        | 2016   |        |        |        |        |        |        |        |        |
|----------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                      |                                     | Oct    | Nov    | Dec    | Jan    | Feb    | Mar    | Apr    | May    | Jun    | Jul    | Aug    | Sep    |
| All other            | All other                           | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  | 80.10  |
| Dickinson/<br>Beulah | Stark,<br>Mercer,<br>Billings       | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 | 108.00 |
| Minot                | Ward                                | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  | 81.90  |
| Williston            | Williams,<br>Mountrail,<br>McKenzie | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 | 131.40 |

**Transportation:**

- ❖ In-state mileage for personal car use is reimbursed at \$.575 per mile.
- ❖ Reimbursements for airline ticket or other travel must be specified in the contract. Contractor will be reimbursed for coach class tickets and 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.)
- ❖ Tips/gratuities will not be reimbursed.
- ❖ 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).