



# NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM

STATE OF NORTH DAKOTA

SFN 10230 (01-2025)

TYPE OR PRINT

• = Attach Receipt(s)

Name			Date Submitted	
Address		City	State	ZIP Code
Name of Board or Commission			Meeting/Seminar Date(s)	
TRAVEL TIME	Date of Departure From Home	Time of Departure From Home	Date of Return Home	Time of Return Home

## INSTRUCTIONS

Enter amount of expenses that you incurred in block to the right. Do not include automobile mileage unless you drove your own vehicle. Reimbursement is 70¢ per mile in North Dakota, 70¢ per mile to a geographic point 300 miles each way from the borders of the state, and 18¢ per mile for the remaining distance.

Receipts must be attached to this form for all costs indicated by "•". Actual receipts are required; copies of credit card slips are not acceptable.

Lodging for in-state is reimbursed at actual cost up to 90% of GSA rate/day plus additional state and local taxes applicable to the GSA rate; out-of-state is actual cost.

"Other" costs must be explained and receipt(s) attached.

Were meals included in registration fee? <input type="checkbox"/> No <input type="checkbox"/> Yes - Which?	Number of Breakfasts	Number of Lunches	Number of Dinners
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Explanation of Travel and Other Costs
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ATTACH COPY OF MEETING ANNOUNCEMENT

Signature
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## BOTTOM SECTION FOR USE BY PROCESSING AGENCY ONLY

	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA				
MEALS	BREAKFAST \$9.00	LUNCH \$14.00	DINNER \$22.00	SUB TOTAL	BREAKFAST * 20%	LUNCH * 30%	DINNER * 50%	SUB TOTAL	
Number of Meals									TOTALS
No. X Rate = Cost									
LODGING	ACTUAL COST UP TO 90% GSA RATE/DAY PLUS STATE AND LOCAL TAXES				ACTUAL COST/DAY				
	Rate X Days =				Rate X Days =				Meals
MILEAGE	Miles @ 70¢ =				Mile @ 70¢ = Miles @ 18¢ =				Lodging
* 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.					Commercial Transportation				Mileage
					Taxi Fare				
					Registration Fee				
					Other				
					TOTAL CLAIM				

Business Unit	Department	Account
Agency Approval (Authorized Signature)		Date Approved