



NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM

STATE OF NORTH DAKOTA
SFN 10230 (01-2024)

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 67¢ per mile in North Dakota, 67¢ 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.

Commercial Transportation Expense	•	
Taxi Fare (Receipt If Over \$10.00)	•	
Registration Fee (If Paid By You)	•	
Lodging	•	
Other - Explain:	•	
Automobile Mileage (Round Trip)		
Automobile Mileage (Out-of-State)		

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

ATTACH COPY OF MEETING ANNOUNCEMENT

Signature

BOTTOM SECTION FOR USE BY PROCESSING AGENCY ONLY

MEALS	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA				TOTALS
	BREAKFAST \$9.00	LUNCH \$14.00	DINNER \$22.00	SUB TOTAL	BREAKFAST * 20%	LUNCH * 30%	DINNER * 50%	SUB TOTAL	
Number of Meals									
No. X Rate = Cost									
LODGING	ACTUAL COST UP TO 90% GSA RATE/DAY PLUS STATE AND LOCAL TAXES				ACTUAL COST/DAY				Meals
	Rate X Days =				Rate X Days =				
MILEAGE	Miles @ 67¢ =				Miles @ 67¢ =		Miles @ 18¢ =		Mileage
	* 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				
Business Unit				Department		Account		Registration Fee	
Agency Approval (Authorized Signature)				Date Approved				Other	
								TOTAL CLAIM	