



**TEACHER SUPPORT SYSTEM INDIVIDUAL TRAVEL REIMBURSEMENT CLAIM**  
 EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 59235 (1-2017)

**Instructions for Teachers:**

1. Enter amount of expenses that you incurred. **Do not include automobile mileage unless you drove your own vehicle.**
2. Attach receipts for hotel costs if not direct billed. Actual receipts are required; copies of credit card slips are not acceptable.
3. "Other" costs must be explained and receipt(s) attached.
4. Submit completed form to **TSS Mentoring Program, 2718 Gateway Avenue, Suite 204, Bismarck, ND 58503.**

Name			Date Submitted
Address			
City	State	ZIP Code	Email Address
School			City
Reason for travel			Meeting dates
Departure date and time			Expected return date and time
Lodging (reimbursed at State rate, no tax) (receipt must be attached if not direct billed) <input type="checkbox"/> Direct billed <input type="checkbox"/> Shared room Name of person shared with _____			= \$
Automobile Mileage <input type="checkbox"/> Drove my own vehicle _____ total miles round trip X \$.53.5 <input type="checkbox"/> Drove my vehicle both days (no overnight stay) miles round trip one day ____ X 2 = ____ X \$.53.5 <input type="checkbox"/> Shared ride (did not drive) <input type="checkbox"/> Drove school vehicle (put school mailing address in bottom left box) _____total miles round trip X \$.53.5			= \$
<b>Signature</b>			

**Bottom section for use by Teacher Support System – Meals will be determined by NDTSS**

Number of Breakfasts (if not provided)	_____ X \$7.00	= \$	Meal totals
Number of Lunches (if not provided)	_____ X \$10.50	= \$	
Number of Dinners (if not provided)	_____ X \$17.50	= \$	
<b>Teacher Support System Total</b>			= \$

Other	For Use by Teacher Support System  APPROVED FOR TEACHER SUPPORT PAYMENT  DATE: _____ CODE: _____
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