Non-Employee Travel Reimbursement Claim
State of North Dakota - Department of Health

Name	Name of Meeting
HOME Mailing Address	Location of Meeting
City, State, Zip	Meeting Date(s)
Date and Time of Departure from Home (Indicate AM or PM)	**Date and time of Return to Home (indicate AM or PM)**
TRAVEL TIME **Only needed when per diem is paid.**	

*Mileage will be reimbursed at $.555 per mile in-state and for the first 300 miles out-of-state and $.18 after 300 miles.

ACCOUNTING USE ONLY

Personal Automobile - Round trip mileage:	@ $0.555* =	$
Ticket stub & airline receipt required (credit card receipt not acceptable)		
Commercial Air Fare :		
Receipt for taxi fare required if over $10.00		
Taxi Fare :		
Dates of Lodging:		
Cost of Lodging: Number of days lodging	@ $ =	$

***Lodging receipt required. Credit Card receipts not acceptable (Reimbursement for actual cost up to $69.30 per day , additional state and local taxes applicable to the $69.30; out-of-state reimbursed at actual cost.)**

Allowable meals calculation (Reimbursement not allowable if meals included in registration fees)

Breakfast : 6:00am to noon (must leave home before 7am to be reimbursed) Lunch: noon to 6:00pm

Dinner : 6:00pm to midnight (must arrive home after 7 pm to be reimbursed)

Out of State:		**In State:**		
Breakfast	@ $	Breakfast	@ $6.00	$
Lunches	@ $	Lunches	@ $9.00	$
Dinners	@ $	Dinners	@ $15.00	$
		Total Meal allowance		$

Miscellaneous Expenses: (Must be itemized and receipts attached)		
a.	$	
b.	$	
Total Travel Expenses	$	$
Professional Fee must have prior written approval from the Dept to be allowed		
Professional Fee	$	$
State Vendor # or W-9 are required:		
Total Reimbursement Request	$	$

I certify that this reimbursement claim accurately reflects the expenditures incurred for the purpose of travel requested by the Department of Health.

Signature: _____ Date Submitted: _____

SECTION BELOW TO BE COMPLETED BY DEPARTMENT OF HEALTH

ND Department of Health Approval: **Approved for payment to Grant HL**_____

Program Review _____ Date_____

Division Director _____ Date _____

ACCOUNTING USE ONLY

Amount	Speed chart	Account	Dept	Project ID	1099	Comments
		521060			**1099 -N**	Non State travel
		621370			**1099 -7**	Prof. fees

$ Total Non Employee Reimbursement

Voucher ID Date Acctg Approval

* As of 8/1/09 Mileage & Lodging is based on 90% of the GSA rates.