

SOUTH VALLEY SPECIAL EDUCATION

PO Box 100 - Hankinson, ND 58041

Claimant's Name _____

Address _____

Position _____ Date _____

DAILY EXPENSES FOR WHICH REIMBURSEMENT IS CLAIMED

Due: 25th/Month

Date		Points Covered By Travel			Personal Vehicle Miles	Misc Exp	Out Of State		In-State Qtrs.Day Claimed	Total Meals & Lodging
Mo.	Day	From	To	Purpose			Meals	Lodging		
Total Miles ⇒						Total Meals & Lodging ⇒				
Purpose of Travel and Explanation of Expenses: Attach Agenda for workshop Departure Time _____ Return Time _____ Employee must be away from normal place of employment at least 6 hrs. to receive reimbursement for the following: <ul style="list-style-type: none"> • 1st quarter Meal (travel before 7 am) \$7.00 • 2nd quarter Meal (noon to 6 pm) \$10.50 • 3rd quarter Meal (6 pm to midnight) \$17.50 • 4th quarter Lodging- Actual with receipts \$80.10 + tax 					Total Misc Expense ⇒					
					Miles at .535 cents per mile					
					Commercial Transportation Expense					
					Days Per Diem at					
					Total					

The above statement is true and correct.

Claimant's Signature _____