

2024 NDLA / North Dakota Library Association Request for Personal Reimbursement Form

* Receipts required for all expenses except per-diem meals and mileage

** See the legislative information link on NDLA's website for guidelines covering reimbursement for testifying during a North Dakota legislative session.

IN-STATE TRAVEL

OUT-OF-STATE TRAVEL (Destination is outside North Dakota)

A. Mileage:

_____ miles @ \$0.655 per mile	\$ _____	_____ miles @ \$0.655 per mile up to 300 miles beyond the North Dakota border and \$0.18 per mile after that	\$ _____
--------------------------------	----------	--	----------

B. Meals: (indicate number & amount)

_____ breakfast(s) up to \$9.00 each	\$ _____	_____ breakfast(s) up to \$13.00 each	\$ _____
_____ lunch(es) up to \$14.00 each	\$ _____	_____ lunch(es) up to \$15.00 each	\$ _____
_____ dinner(s) up to \$22.00 each	\$ _____	_____ dinner(s) up to \$ 26.00 each	\$ _____
or \$45.00 per diem	\$ _____	_____ incidentals up to \$5.00 per day	
		or \$59.00 per diem	\$ _____
		or \$44.25 per diem on first & last day of travel	\$ _____

C. Lodging:

_____ night(s) up to \$107.00/night+tax	\$ _____	_____ night(s) (actual expense)	\$ _____
---	----------	---------------------------------	----------

D. Air Transportation (coach only)

\$ _____

* The airfare portion of your request may be reimbursed prior to travel.

E. For Travel Expenses, Please Indicate the Following:

Points Covered by Travel: From _____ To _____
 Round Trip (Y/N) _____ Date(s) of Travel _____
 Person(s) Traveling _____
 Purpose of Travel _____

F. Other Expenses: \$ _____ Telephone \$ _____ Postage \$ _____ Honorarium
 \$ _____ Other please describe) _____

G. Expense Category(ies) (Exec Bd., SLAYS, etc.): _____

H. Total Amount Requested: \$ _____

I. Make Check Payable To: _____

J. E-Mail Address: _____

K. Day time phone: _____

L. Signature: _____

* If requesting airfare prior to travel, I agree to reimburse NDLA for airfare within one month of the first "Date(s) of Travel" if travel is not completed.

**M. Please type or print your mailing address below.
This address will be used to send your reimbursement.**

Send form & receipts to:
 BETH KENNEDY, NDLA Treasurer
 PO BOX 104
 CAVALIER, ND 58220
 beth.kennedy@cavalierk12.org