

# REIMBURSEMENT VOUCHER/MEETINGS

North Dakota Department of Transportation, Safety Division

SFN 16632 (3-2021)

Please type or print and fill in all areas that apply.

Title of Training	Location	Overnight Stay <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name		
Address		
City	State	ZIP Code

Left Home		Returned Home	
Date	Time	Date	Time

MEALS	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA				**Percentage of GSA Daily Rate.	
	BREAKFAST \$7.00	LUNCH \$10.50	DINNER \$17.50	SUB TOTAL	DAILY PER DIEM AMT	BREAKFAST 20%**	LUNCH 30%**	DINNER 50%**		SUB TOTAL
Number of Meals										TOTAL
No. X Rate = Cost										
LODGING (Receipt Required)	ACTUAL COST UP TO 90% OF GSA RATE/ DAY PLUS STATE AND LOCAL TAXES				ACTUAL COST/DAY					
	Rate X Days =				Rate X Days =					
MILEAGE	Miles @ .56¢ X =				Miles @ .56¢ X =		Miles @ .18¢ X =			
<b>MISCELLANEOUS EXPENSES</b> (Registration Fee, Parking, etc.)										
										TOTAL CLAIM

I CERTIFY, IN ACCORDANCE WITH THE LAWS OF THE STATE, ACTUAL COSTS CLAIMED HAVE BEEN INCURRED FOR THE PURPOSE SPECIFIED.

Project Number
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Claimant's Name (Type or Print)
Telephone Number
Claimant's Signature
Date

**Please return completed form to:**

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SAFETY DIVISION  
608 EAST BOULEVARD AVENUE  
BISMARCK ND 58505-0700