

RTAP TRAVEL EXPENSE VOUCHERNorth Dakota Department of Transportation, Local Government
SFN 58369 (10-2018) In-State Out-of-State**REQUEST FOR REIMBURSEMENT (This RTAP TRAVEL EXPENSE VOUCHER must be submitted within 6 weeks of the event or June 15, whichever is earlier.)**

Event and Location		Date From	Date To
Transit Agency Name			
Individual's Name		Work Telephone Number	
Mailing Address		State	ZIP Code

Mileage Reimbursement (personal vehicle \$ 0.545 per mile or project vehicle \$ 0.18 per mile)

Beginning Odometer Reading	Ending Odometer Reading	TOTAL MILES	x	PER MILE =	
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Out-of-State Only - based on GSA Per Diem Rates

Departure		Return	
Date	Time	Date	Time
Breakfast Cost		# of Breakfast	Breakfast Total
Lunch Cost		# of Lunch	Lunch Total
Dinner Cost		# of Dinner	Dinner Total
TOTAL MEALS			

Meals Reimbursement In-State Only

Departure		Return	
Date	Time	Date	Time
Breakfast (In-State not to exceed \$7.00 per Day)		# of Breakfast	Breakfast Total
Lunch (In-State not to exceed \$10.50 per Day)		# of Lunch	Lunch Total
Dinner (In-State not to exceed \$17.50 per Day)		# of Dinner	Dinner Total
TOTAL MEALS			

Commercial Transportation (receipts must be attached)

Airfare
Vehicle / Shuttle
Other (Specify)
TOTAL COMMERCIAL

Lodging Reimbursement (receipts must be attached)

IN STATE: Lodging may not exceed \$ 84.60 plus tax, per night (rate exceptions exist for Williston)
OUT OF STATE: Actual lodging expense only with prior approval.
TOTAL LODGING

Registration Fee (receipts must be attached)**TOTAL AMOUNT OF CLAIM REQUESTED****I hereby certify that items claimed are accurately stated and I also acknowledge that any willful certification of an unlawful expense constitutes a misdemeanor as provided by state law NDCC 44-08-03**

Signature	Date
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Submit form to:
LOCAL GOVERNMENT DIVISION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700