

NDLA 2014 Annual Conference
"Providing Library Services to North Dakota for the Next 125 Years"
September 17 – 20, 2014 - Bismarck, ND
Ramada Bismarck Hotel & Conference Center

Request for Personal Reimbursement Form

Use this form for expenses coming out of the 2014 Conference budget.
Receipts required for all expenses except per-diem meals and mileage

IN-STATE TRAVEL

OUT-OF-STATE TRAVEL

(Destination is outside North Dakota)

A. Mileage:

_____ miles @ \$0.565 per mile \$ _____

_____ miles @ \$0.565 per mile up to 300 miles
beyond the North Dakota border and
\$0.18 per mile after that \$ _____

*Not to exceed air coach fare

B. Meals: (indicate number & amount)

_____ breakfast(s) up to \$7.00 each \$ _____

_____ breakfast(s) up to \$9.20 each \$ _____

_____ lunch(es) up to \$10.50 each \$ _____

_____ lunch(es) up to \$13.80 each \$ _____

_____ dinner(s) up to \$17.50 each \$ _____

_____ dinner(s) up to \$23.00 each \$ _____

or \$35.00 per diem \$ _____

or \$46.00 per diem \$ _____

C. Lodging:

_____ night(s) up to \$83.00/night+tax \$ _____

_____ night(s) (actual expense) \$ _____

*Exceptions: Dickinson= \$120; Minot= \$125; Williston= \$105

D. Air Transportation (coach only) \$ _____

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. Total Amount Requested: \$ _____

H. Make Check Out To: _____

I. I certify that the above expenses were incurred by me (Your Signature): _____

J. E-Mail Address: _____ **K. Day time phone:** _____

L. Mailing Address:

Please return form with receipts and direct questions to Al Peterson, 4101 34th Ave NW, Mandan, ND 58554 ; Phone: (701) 527-1400 ; e-mail: alpeterson@nd.gov

Conference Chair Approval _____

Date _____