

NDLA 2018 Annual Conference
 "Future Ready Libraries"
 October 3-5, 2018 – Minot, ND
 Clarion Inn and Conference Center

Request for Personal Reimbursement Form

Use this form for expenses coming out of the 2018 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 @ \$0.545 per mile

\$_____ _____ miles @ \$0.545 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 \$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 \$83.70/night+tax \$_____ _____ night(s) (actual expense) \$_____

(Exceptions: Williston = \$84.60)

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 Lesley Allan, 3602 7th Street West, Apt 303, Williston, ND 58801
 Phone: 701.330.6817; e-mail: librarylesley@gmail.com**

Conference Chair Approval _____ Date _____