

**NDLA 2019 Annual Conference  
September 25-27, 2019 – West Fargo, ND  
DoubleTree by Hilton & Homewood Suites by Hilton**

***Request for Personal Reimbursement Form***

**Use this form for expenses coming out of the 2019 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 @ \$0.58 per mile      \$ \_\_\_\_\_      \_\_\_\_\_ miles @ \$0.58 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 \$13.00 each	\$ _____
_____ lunch(es) up to \$10.50 each	\$ _____	_____ lunch(es) up to \$14.00 each	\$ _____
_____ dinner(s) up to \$17.50 each	\$ _____	_____ dinner(s) up to \$ 23.00 each	\$ _____
or \$35.00 per diem	\$ _____	or \$50.00 per diem	\$ _____

**C. Lodging:**

\_\_\_\_\_ night(s) up to \$84.60/night+tax \$ \_\_\_\_\_      \_\_\_\_\_ night(s) (actual expense)      \$ \_\_\_\_\_

**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 Stephanie Kom, State Historical Society of North Dakota, 612 E. Boulevard Ave., Bismarck, ND 58505  
Phone: 701.328.3571; e-mail: sbaltzerkom@nd.gov**

Conference Chair Approval \_\_\_\_\_ Date \_\_\_\_\_