

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

INSTRUCTOR / SPEAKER EXPENSE FORM

Name: _____ Date of Presentation: _____

Title of Session: _____

Please include receipts for all expenses except mileage and per diem meals:

Transportation

Coach Airfare: \$ _____ Parking: \$ _____ Cab: \$ _____

Other: _____ \$ _____

Mileage: Number of Miles _____ \$ _____
(Reimbursed at \$.58 per mile not to exceed established coach airfare)

Lodging

Number of Nights _____ \$ _____

Meals

(per diem limit = \$35; breakfast = \$7, lunch = \$10.50, dinner = \$17.50; alcoholic beverages not reimbursed)

Date	Breakfast	Lunch	Dinner	Total

Miscellaneous (please explain) _____

Total Expenses \$ _____ **Honorarium as per agreement** \$ _____

Total Requested Amount \$ _____ **Daytime Phone Number** _____

Make Check Payable to: _____

Address: _____

I certify that the above expenses were incurred by me in providing a program for the NDLA 2019 Annual Conference.

Signature: _____ Date: _____

**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 _____