

**NDLA / North Dakota Library Association
Request for Personal Reimbursement Form**

* Receipts required for all expenses except per-diem meals and mileage

** See the legislative information link on NDLA's website for guidelines covering reimbursement for testifying during a North Dakota legislative session.

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 \$ _____
_____ lunch(es) up to \$10.50 each \$ _____
_____ dinner(s) up to \$17.50 each \$ _____
or \$35.00 per diem \$ _____

_____ breakfast(s) up to \$9.20 each \$ _____
_____ lunch(es) up to \$13.80 each \$ _____
_____ dinner(s) up to \$ 23.00 each \$ _____
or \$46.00 per diem \$ _____

C. Lodging:

_____ night(s) up to \$83.70/night+tax \$ _____
(Exceptions: Williston = \$84.60)

_____ 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. Expense Category(ies) (Exec Bd., SLAYS, etc.): _____

H. Total Amount Requested: \$ _____

I. Make Check Payable To: _____

J. E-Mail Address: _____

K. Day time phone: _____

L. Signature: _____

**M. Please type or print your mailing address below.
This address will be used to send your reimbursement.**

Send form & receipts to:
AARON STEFANICH, NDLA Treasurer
GRAND FORKS PUBLIC LIBRARY
2110 LIBRARY CIRCLE
GRAND FORKS, ND 58201