

# RTAP TRAVEL EXPENSE VOUCHER

North Dakota Department of Transportation, Local Government  
SFN 58369 (07-2006)

## REQUEST FOR REIMBURSEMENT (please DO NOT duplicate request on 5311 reimbursement request)

Event	Date(s) From To	
Name of Project		
Individual's Name	Telephone Number	
Mailing Address	State	Zip Code

### Mileage Reimbursement (\$ 0.375 per mile for personal vehicle; \$ 0.20 per mile project vehicle)

Beginning Odometer Reading	Ending Odometer Reading	TOTAL MILES	X \$	per mile =	
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### Commercial Transportation

Airfare	
Car Rental	
Other (Specify)	
TOTAL COMMERCIAL	

### Meals Reimbursement

Departure		Return	
Date	Time	Date	Time
Breakfast (not to exceed \$ per day)		No. of Breakfast(s)	
Lunch/noon (not to exceed \$ per day)		No. of Lunch(s)	
Dinner/evening (not to exceed \$ per day)		No. of Dinner(s)	
TOTAL MEALS			

### Lodging Reimbursement (receipts must be attached)

Lodging may not exceed \$ _____ plus tax, per night in state; Actual lodging expense out of state.	TOTAL LODGING
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### Registration Fee

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### TOTAL AMOUNT OF CLAIM REQUESTED

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*I hereby certify that items claimed are accurately stated and I also acknowledge that any willful certification of an unlawful expense constitutes a misdemeanor as provided by state law NDCC 44-08-03*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit form to: LOCAL GOVERNMENT DIVISION  
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION  
608 E BOULEVARD AVE  
BISMARCK ND 58505-0700