

**DAKOTA TRANSIT ASSOCIATION REIMBURSEMENT REQUEST FORM**

**Revised – January 1, 2016**

ND \_\_\_\_\_

SD \_\_\_\_\_

PURPOSE OR ITEM \_\_\_\_\_

Date PD \_\_\_\_\_

Ck No. \_\_\_\_\_

**Travel**

Travel From: \_\_\_\_\_ Travel To: \_\_\_\_\_

Date Left Home \_\_\_\_\_ Time Left Home \_\_\_\_\_

Date Returned Home \_\_\_\_\_ Time Returned Home \_\_\_\_\_

**Mileage, Beginning \_\_\_\_\_ Ending \_\_\_\_\_ License # \_\_\_\_\_**

Total Map Miles \_\_\_\_\_ @ .54 per mile (Personal) = \_\_\_\_\_

Total Map Miles \_\_\_\_\_ @ .24 per mile (Project Vehicle) = \_\_\_\_\_

Airline Ticket (include receipt) \_\_\_\_\_

Taxi Shuttle (include receipt) \_\_\_\_\_

**TOTAL TRAVEL COST \_\_\_\_\_**

**Meals**

DTA TRAVEL

OUT OF ND/SD TRAVEL (GSA RATES)

Breakfast @ \$11.00 = \_\_\_\_\_

Breakfast @ \$ \_\_\_\_\_ = \_\_\_\_\_

Lunch @ \$12.00 = \_\_\_\_\_

Lunch @ \$ \_\_\_\_\_ = \_\_\_\_\_

Supper @ \$23.00 = \_\_\_\_\_

Breakfast @ \$ \_\_\_\_\_ = \_\_\_\_\_

**TOTAL MEAL COSTS \_\_\_\_\_**

**Lodging**

DTA LODGING (Receipt Required) OUT OF ND/SD LODGING

Up to \$83.00 per night

Actual Cost (Receipt Required)

# of nights \_\_\_\_\_ rate per evening \_\_\_\_\_ taxes \_\_\_\_\_ Total \_\_\_\_\_

**TOTAL LODGING COSTS \_\_\_\_\_**

**Other (Receipts Required)**

Accounting \_\_\_\_\_

Speaker Fees \_\_\_\_\_

Dues \_\_\_\_\_

Legislative \_\_\_\_\_

Telephone \_\_\_\_\_

Supplies \_\_\_\_\_

Postage \_\_\_\_\_

Printing \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**TOTAL OTHER COSTS \_\_\_\_\_**

**GRAND TOTAL REQUEST \_\_\_\_\_**

**Please be sure to attach all necessary receipts.**

Supporting documents attached

Make reimbursement check payable to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Mail to: **Jacque Senger, DTA, PO Box 973, Devils Lake, ND, 58301**



