

NDLA Centennial Conference
"Celebrating our Past, Embracing our Future"
September 20 - 22, 2006
Fargo, ND – Doublewood Inn

Request for Personal Reimbursement Form

Use this form for expenses coming out of the 2006 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 @ \$0.375 per mile \$_____

_____ miles @ \$0.18 per mile \$_____

B. Meals: (indicate number & amount)

_____ breakfast(s) up to \$5.00 each \$_____

_____ breakfast(s) up to \$7.80 each \$_____

_____ lunch(es) up to \$7.50 each \$_____

_____ lunch(es) up to \$11.70 each \$_____

_____ dinner(s) up to \$12.50 each \$_____

_____ dinner(s) up to \$19.50 each \$_____

or \$25.00 per diem \$_____

or \$39.00 per diem \$_____

C. Lodging:

_____ night(s) up to \$50/night+tax \$_____

_____ night(s) (actual expense) \$_____

D. Air Transportation (coach only) \$_____

E. For Travel Expenses, Please Indicate the Following:

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 Beth Postema, Fargo Public Library, 102 N 3rd St., Fargo ND 58102-4899 ; Phone: (701) 241-8198 ; e-mail: BPostema@cityoffargo.com

Conference Chair Approval _____ Date _____