

NDLA 2009 Annual Conference
"Evolution of the Library"
September 23 - 26, 2009
Dickinson, ND – Days Hotel – Grand Dakota Lodge & Conference Center

Request for Personal Reimbursement Form

Use this form for expenses coming out of the 2009 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 @ \$0.45 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 \$55/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 Laurie McHenry, Thormodsgard Law Library, University of North Dakota, 2968 2nd Ave N Stop 9004, Grand Forks, ND 58202-9004 ; Phone: (701) 777-3475 Fax (701) 777-4956 ; e-mail: lauriemchenry@mail.und.nodak.edu

Conference Chair Approval _____

Date _____