

**NDLA 2024 Annual Conference
October 2-4, 2024 – Bismarck, ND
Radisson Hotel**

INSTRUCTOR / SPEAKER EXPENSE FORM

Name: _____ Date of Presentation: _____

Title of Session: _____

Please include receipts for all expenses except mileage and per diem meals:

Transportation

Coach Airfare: \$ _____ Parking: \$ _____ Cab: \$ _____

Other: _____ \$ _____

Mileage: Number of Miles _____ \$ _____
(Reimbursed at \$.67 per mile not to exceed established coach airfare)

Lodging

Number of Nights _____ \$ _____

Meals

(per diem limit = \$59; breakfast = \$13.00, lunch = \$15.00, dinner = \$26.00; alcoholic beverages not reimbursed)

Date	Breakfast	Lunch	Dinner	Total

Miscellaneous (please explain) _____

Total Expenses \$ _____ **Honorarium as per agreement** \$ _____

Total Requested Amount \$ _____ **Daytime Phone Number** _____

Make Check Payable to: _____

Address: _____

I certify that the above expenses were incurred by me in providing a program for the 2024 NDLA Annual Conference.

Signature: _____ Date: _____

**Please return form with receipts and direct questions to
Kerriane Boetcher
708 23rd Ave NW Minot, ND 58703
Phone: 7018574960
e-mail: past.president@ndla.info**

Conference Chair Approval: _____ Date: _____