



NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM
 DEPARTMENT OF CAREER AND TECHNICAL EDUCATION
 SFN 50521 (09-2023)

State Capitol 15th Floor
 600 E Blvd Ave Dept 270
 Bismarck, ND 58505-0610
 Phone 701-328-3180
 Email cte@nd.gov

Name				
Address		City	State	ZIP Code
Name of Meeting/Seminar		Dates of Meeting/Seminar		
Date Travel Began	Time Travel Began <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Travel Ended	Time Travel Ended <input type="checkbox"/> AM <input type="checkbox"/> PM	

Commercial Transportation (attach original receipt/coupon)	\$	Taxi Fare (attach receipt if over \$10)	\$
Registration Fee (attach receipt if paid by claimant)	\$	*Lodging (attach original receipt)	\$
Other (attach receipts - meals not applicable)	\$	Personal Vehicle Mileage (round trip)	miles

Were any meals provided to you? No Yes, which ones?

*See In-State Travel Table for lodging and mileage rates at www.cte.nd.gov/state-travel-reimbursement-rates

I certify this request is correct and complete and that all expenditures are accurate.

Signature	Date
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STATE USE

MEALS	In State			Out-of-State			Totals
	Breakfast \$9.00	Lunch \$14.00	Dinner \$22.00	Breakfast 20% GSA Rate	Lunch 30% GSA Rate	Dinner 50% GSA Rate	
Number of Meals							
Number x Rate = Cost							\$
*LODGING	\$ _____ Rate x _____ Night(s) =			\$ _____ Rate x _____ Night(s) =			\$
*MILEAGE	_____ miles @ \$ _____ =			_____ miles @ \$ _____ =			\$
OTHER EXPENSES							\$
Total Claim							\$

CTE Approval	Date
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Business Unit	Account Object Code	Dept Cost Center	Operating Unit	Class Appn Line	Fund
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