



TRAVEL EXPENSE REPORT
 Department of Career and Technical Education

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

CTE reimbursement will not exceed state rates.

School/Institution		Service Area				Month of _____ 20____	
Day	Explanation of Travel (Include person or place visited. Describe misc. expenses)	Time Travel Began	Time Travel Ended	*Mileage	Meals	*Lodging	Miscellaneous
1							
2							
3							
4							
5							
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31							

<p>I certify the expenses claimed are factual and do not represent any duplication.</p> <p>_____</p> <p style="text-align: center;">Instructor Signature Date</p> <p>I certify that this payment was made from a district fund and receipts, if applicable, are available for verification.</p> <p>_____</p> <p style="text-align: center;">Authorized Official Signature Date</p>	<p style="text-align: right;">_____ X . * = _____</p> <p style="text-align: center;">Total Miles</p> <p style="text-align: right;">Meals Total: _____</p> <p style="text-align: right;">* Lodging Total: _____</p> <p style="text-align: right;">Miscellaneous Total: _____</p> <p style="font-size: small;">*See In-State Travel Table for lodging and mileage rates at www.nd.gov/cte/forms</p> <p style="text-align: center;">Grand Total \$ _____</p>
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