EMPLOYEE TRAVEL REIMBURSEMENT CLAIM FOR NON-TAXABLE EXPENSES
CITY OF KENMARE, PO BOX 816, KENMARE, ND 58746

Employee		Address	City, State, ZIP Code	Date Submitted
TRAVEL TIME:	Date of Departure From Home	Time of Departure From Home ◯AM◯PM - TIME:	Date of Return to Home	Time of Return to Home ◯AM◯PM - TIME:
Department		Explanation of Travel and Dates		

INSTRUCTIONS

Checkmark the expense you have incurred below.. Do not include automobile mileage unless you drive your own vehicle. Do not include meal allowances if meals are included as part of a registration fee for a conference, seminar, or other meeting. Do not use this form for claims for taxable meals (meal reimbursements for trips that do not involve an overnight stay away from home).

Date	Points Covered by Travel	Personal Vehicle Miles	Miles X 62.5¢ per mile	**MEALS:**	Breakfast	Lunch	Dinner	Other (Explain)	**TOTALS**
				IN-STATE RATE:	$ 7.00	$ 10.50	$17.50		
				OUT-OF-STATE:					
OFFICE USE ONLY:									

- **MILEAGE.** Do not include mileage unless you drove your own vehicle.

- **IN-STATE MEALS AND LODGING.** NDCC, Chapter 44-08-04 provides that reimbursement is allowed only for overnight travel or other travel away from the normal place of employment for four hours or more. **Verification of expenses by receipt is required only for lodging expenses.**
  - Breakfast - 1st quarter 6:00 am to 12:00 noon (If travel begins before 7:00 am).
  - Lunch - 2nd quarter 12:00 noon to 6:00 pm (Must be in travel by 11:00 am and after 1:00 pm).
  - Dinner - 3rd quarter 6:00 pm to 12:00 midnight (Must be in travel by 5:00 pm and after 7:00 pm).
  - Lodging - 4th quarter 12:00 midnight to 6:00 am, actual lodging expense not to exceed $86.40 + tax per night.

- **OUT-OF-STATE MEALS AND LODGING RATES.** https://www.nd.gov/omb/state-employee/travel-reimbursements
  All out-of-state travel needs prior approval by the Kenmare City Council.

- **OTHER REIMBURSEMENTS:** Other expenses as allowed by NDCC must be explained and receipt(s) attached.

I do hereby certify that the within itemized statement representing a claim for payment or per diem, mileage or travel expenses or a combination thereof, truthfully and accurately states the days of service and the mileage traveled, and the purpose thereof.

_____ _____

Employee Signature and Date | Departmental Approval and Date