



DAKOTA TRANSIT ASSOCIATION REIMBURSEMENT REQUEST FORM
Revised – JANUARY 1, 2022

ND _____

SD _____

PURPOSE OR ITEM _____

Date PD _____

Ck No. _____

Travel

Travel From: _____ Travel To: _____

Date Left Home _____ Time Left Home _____

Date Returned Home _____ Time Returned Home _____

Mileage, Beginning _____ Ending _____ License # _____

Total Map Miles _____ @ 58.5 per mile (Personal) = _____

Total Map Miles _____ @ .18 per mile (Project Vehicle) = _____

Airline Ticket (include receipt) _____

Taxi Shuttle (include receipt) _____

TOTAL TRAVEL COST _____

Meals

DTA TRAVEL

OUT OF ND/SD TRAVEL (GSA RATES)

Breakfast _____ @ \$11.00 = _____

Breakfast _____ @ \$ _____ = _____

Lunch _____ @ \$12.00 = _____

Lunch _____ @ \$ _____ = _____

Supper _____ @ \$23.00 = _____

Breakfast _____ @ \$ _____ = _____

TOTAL MEAL COSTS _____

Lodging

DTA LODGING (Receipt Required) OUT OF ND/SD LODGING

Up to \$83.00 per night

Actual Cost (Receipt Required)

of nights _____ rate per evening _____ taxes _____ Total _____

TOTAL LODGING COSTS _____

Other (Receipts Required)

Accounting _____

Speaker Fees _____

Dues _____

Legislative _____

Telephone _____

Supplies _____

Postage _____

Printing _____

Miscellaneous _____

TOTAL OTHER COSTS _____

GRAND TOTAL REQUEST _____

Please be sure to attach all necessary receipts.

Supporting documents attached

Make reimbursement check payable to: Name: _____

Address: _____

Requested by: _____ Date _____

Approved by: _____ Date _____

Mail to: **Jacque Senger, DTA, PO Box 973, Devils Lake, ND, 58301**