



DAKOTA TRANSIT ASSOCIATION REIMBURSEMENT REQUEST FORM
Revised – January 1, 2020

ND _____
 SD _____
 Date PD _____
 Ck No. _____

PURPOSE OR ITEM _____

Travel

Travel From: _____ Travel To: _____
 Date Left Home _____ Time Left Home _____
 Date Returned Home _____ Time Returned Home _____

Mileage, Beginning _____ Ending _____ License # _____

Total Map Miles _____ @ 0.575 per mile (Personal) = _____

Total Map Miles _____ @ .24 per mile (Project Vehicle) = _____

Airline Ticket (include receipt) _____

Taxi Shuttle (include receipt) _____

TOTAL TRAVEL COST _____

Meals

DTA TRAVEL
 Breakfast @ \$11.00 = _____
 Lunch @ \$12.00 = _____
 Supper @ \$23.00 = _____

OUT OF ND/SD TRAVEL (GSA RATES)
 Breakfast @ \$ _____ = _____
 Lunch @ \$ _____ = _____
 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**