TRAVEL REIMBURSEMENT FORM

Return this form along with original receipts to NDSRC Treasurer within ten days of travel completion. *Please Print Clearly*.

Name _____

Mail Check to: _____

_____

E-mail Address _____ **Phone:** _____

INFORMATION REQUIRED FOR PAYMENT:

Reason for Travel: _____

Destination: _____

Dates of Travel: _____

EXPENSES:

Airline Tickets: **$** _____
(receipt required)

Lodging: _____ nights @ _____ **$** _____
(receipt required)

Meal/Food Expenses _____days @ _____ **$** _____

Cab/Shuttle **$** _____
(receipt required)

Other (specify; *receipt required)* **$** _____

TOTAL EXPENSES **$** _____

_____ _____
Signature of Traveler **Date**

Approved by _____ _____
Signature **Date**

10/07