



City of Wahpeton Travel Expense Report

Send completed form to:
 City of Wahpeton
 ATTN: AP
 1900 4th St. N.
 Wahpeton, ND 58075

Name: _____ Representing: _____

Purpose of Travel: _____
Destination/Location: _____
Method of Travel (select one):

Personal vehicle
 Commercial _____
 Rode with _____
 Begin travel date: _____ Departure time: _____
 End travel date: _____ Return time: _____

NOTE - Maximum quarter-day reimbursement for meals and lodging as follows: employee must be away from normal place of employment a minimum of six hours to receive any reimbursement (NDCC 44-08-04)

Date	Destination	Transportation/Mileage/ Taxi/Shuttle & etc.	Lodging	Meals Quarters Claimed	Other Expenses	Total
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
Total Amount Due:						\$

- Reimbursement for lodging, meals and mileage expenses incurred.
- Actual expenses for lodging (*receipt required*).
- Actual expenses for in state meals up to \$35 per day (breakfast \$7; lunch \$10.50 and dinner \$17.50)
- Travel by automobile @ 58¢ per mile.
- **Please attach agenda/registration and receipts to this expense form.**

<u>In State Reimbursement</u>			<u>* Out of State Reimbursement</u>		
1st Quarter	6:00 am to noon	\$ 7.00	1st Quarter	6:00 am to noon	20% Local per diem rate
2nd Quarter	Noon to 6:00 pm	\$10.50	2nd Quarter	Noon to 6:00 pm	30% Local per diem rate
3rd Quarter	6:00 pm to midnight	\$17.50	3rd Quarter	6:00 pm to midnight	50% Local per diem rate
4th Quarter	Midnight to 6:00 am	Actual lodging rate (<i>receipt required</i>)	4th Quarter	Midnight to 6:00 am	Actual lodging rate (<i>receipt required</i>)

* Check GSA Website to determine local per diem reimbursement rate: www.gsa.gov/portal/category/21287.

Signature _____ Date: _____

Pay to: _____

Mailing Address: _____

**SUPERVISOR &
FINANCE DIRECTOR APPROVALS**