

---

**NDSRC  
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**