County of CAVALIER, State of North Dakota

To: _____ Month: _____

Address: _____ Position: _____

Dept: _____

DAILY EXPENSES FOR WHICH REIMBURSEMENT IS CLAIMED

Date of Travel	Travel to/from:	Personal Vehicle Miles	Meals (Qtrs. on back side)	Lodging (Not direct billed)	Misc. Expense	TOTAL Meals & Lodging

Purpose of Travel and Explanation of Expense:	TOTAL MILES →		Total Meals and Lodging	
			Total Misc. Expense	
			Miles at 56¢ per Mile (As of 1/1/21)	
			TOTAL	

I, _____, depose and say that I have the within itemized statement of days per diem and of mileage and/or travel expenses, and that the statement is true and correctly states the days of service and mileage traveled, the date when and how traveled and the purpose thereof.

_____

Employee's Signature (Date)

DEPARTMENT APPROVAL:

_____

Signature (Date)

_____

Title of Department Head