TRAVEL EXPENSE REPORT

Department of Career and Technical Education
SFN 7656 (7/09)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck, ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

CTE reimbursement will not exceed state rates.

School/Institution	Service Area	Month of 20____

Day	Explanation of Travel (Include person or place visited. Describe misc. expenses)	Time Travel Began	Time Travel Ended	*Mileage	Meals	*Lodging	Miscellaneous
1							
2							
3							
4							
5							
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25							
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28							
29							
30							
31							

I certify the expenses claimed are factual and do not represent any duplication.

_____ _____
Instructor Signature Date

I certify that this payment was made from a district fund and receipts, if applicable, are available for verification.

_____ _____
Authorized Official Signature Date

_____ X .* = _____
Total Miles

Meals Total: _____

* Lodging Total: _____

Miscellaneous Total: _____

*See In-State Travel Table for lodging and mileage rates at www.nd.gov/cte/forms

Grand Total $_____