

**South Heart Public School District #9**  
**310 4<sup>th</sup> St. NW – PO Box 159 – South Heart, ND 58655**

**Travel Expenses - Reimbursement Form**  
 (Updated January 1, 2024)

Name of Employee: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Day of Month	Description of Travel	Personal Vehicle Miles	Total Mileage (Miles x .67)	Meals Claimed <small>In-State &amp; Out-of-State</small> Breakfast \$ 9.00 Lunch \$14.00 Dinner \$22.00 <small>(Please circle below)</small>	Total \$ Meals
1st			\$	B L D	\$
2nd			\$	B L D	\$
3rd			\$	B L D	\$
4th			\$	B L D	\$
5th			\$	B L D	\$
6th			\$	B L D	\$
7th			\$	B L D	\$
8th			\$	B L D	\$
9th			\$	B L D	\$
10th			\$	B L D	\$
11th			\$	B L D	\$
12th			\$	B L D	\$
13th			\$	B L D	\$
14th			\$	B L D	\$
15th			\$	B L D	\$
16th			\$	B L D	\$
17th			\$	B L D	\$
18th			\$	B L D	\$
19th			\$	B L D	\$
20th			\$	B L D	\$
21st			\$	B L D	\$
22nd			\$	B L D	\$
23rd			\$	B L D	\$
24th			\$	B L D	\$
25th			\$	B L D	\$
26th			\$	B L D	\$
27th			\$	B L D	\$
28th			\$	B L D	\$
29th			\$	B L D	\$
30th			\$	B L D	\$
31st			\$	B L D	\$
		<b>Total:</b>	\$ _____	<b>Total:</b>	\$ _____
<b>TOTAL REIMBURSEMENT REQUESTED: \$ _____</b>					

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_

Date: \_\_\_\_\_