

- Form must be completed and attached to an Accounts Payable Voucher, along with the original Authorization for Moving Expense Reimbursement Form.
- Forward all documentation and original receipts which show method of payment (hotel/motel receipts MUST show -\$0- balance) to the Accounting office.
- Please refer to the Accounting office web site www.ndsu.edu/accounting for Moving Expense Policies and Procedures.

Employee Name: _____ Employee ID#: (if known) _____

Visa Type: (required for Non-Resident Aliens) _____

Address Moving From: _____

City: _____ State: _____ Zip: _____

Moving Personal Goods Dates/Times: _____

Expenses to be Reimbursed²:

Meals: (per diem based on current employee in-state and out-of-state rate listings); Receipts are NOT required for meals. Account Code 521055.

	Rate		Number of Meals	=	Total
Breakfast:		x		=	
Lunch:		x		=	
Dinner:		x		=	
Meal Total:					

Mileage: Receipts are NOT required for mileage. Account Code 521050 or 521055.

	Total Miles		Mileage Rate	=	Total
IN-STATE Non-taxable - up to \$0.17 per mile		x		=	
IN-STATE Taxable - limited to employee rate \$0.365 per mile		x		=	
OUT-OF-STATE Non-taxable - limited to employee rate of \$0.17 per mile		x		=	
OUT-OF-STATE Taxable - limited to employee rate of \$0.01 per mile				=	
Mileage Total:					

Lodging: Receipts ARE required for lodging. Account Code 521050.

Lodging Total: _____

Airline: Original passenger coupon or Electronic Ticket invoice required. Account Code 521050.

Airline Total: _____

Miscellaneous: Itemize each expense and applicable amount.

Please use another sheet if needed. Original receipts required.
Account Code 521050.

Miscellaneous Total: _____

TOTAL EXPENSES:

TOTAL AMOUNT AUTHORIZED:

"I hereby certify this itemized statement representing a reimbursement claim for moving expenses is truthful and accurate. All expenses claimed comply with my institution's moving expense policy, as well as State Board of Higher Education Policy and the North Dakota Century Code." Expenses claimed have not been paid by the state through direct payments or a state credit card, and have not been reimbursed or directly paid by an affiliated foundation or an outside entity.

Employee Traveler's Signature (in ink) _____ Date _____

² Maximum number of days for both travel time and temporary living quarters is 10 days.

Route form to:
Accounting Office
Old Main 11
Phone (701) 231-7432
Fax (701) 231-6194