

Reimbursement Guidelines

I. Mileage Reimbursement

Unless otherwise specified by the Employee's Department, mileage reimbursement will be assessed at the IRS rate of \$0.67 per mile within (less than, or equal to) 300 miles from the North Dakota border. Mileage beyond the designated distance will accrue at \$.18 per mile.

II. Meal Reimbursement

Meal allowance based OMB Policy 505, ND CC 44-08-04:

Breakfast: Travel Must begin before 7:00 AM

Lunch – 12:00 PM: Must be in travel 1 hour before and 1 hour after (Must be in travel by 11:00 AM and after 1:00 PM)

Dinner – 6:00 PM: Must be in travel 1 hour before and 1 hour after (Must be in travel by 5:00 PM and after 7:00 PM)

Type	Time	In-State	Out-of-State
Breakfast	Before 7 AM until 12 PM	\$ 9.00	20% of GSA M&IE rate
Lunch	By 11 AM until after 1 PM	\$ 14.00	30% of GSA M&IE rate
Dinner	By 5PM and after 7 PM	\$ 22.00	50% of GSA M&IE rate
Full Day		\$ 45.00	

gsa.gov/travel/plan-book/per-diem-rates

III. Lodging Reimbursement

Out of State – Actual Cost (excluding unallowable charges/add-ons)

In State – A reimbursement of a maximum of ninety percent of the GSA rate for lodging in North Dakota plus applicable state and local taxes is permitted. For example, if the GSA rate for lodging in ND is \$107, the maximum amount that can be claimed is \$96.30 plus applicable taxes ($\$107 \times 90\% = \96.30)¹.

IV. General

- Please ensure that you keep ALL receipts that a request for reimbursement will be made (with the exception of reimbursement(s), such as meals, that are made on a per diem basis.
- Receipts that are non-itemized (non-itemized defined as being unable to ascertain what makes up the aggregate charge by line item) require a missing receipts form. Please note that utilizing booking agencies (such as Priceline, Expedia, and the like) necessitates the need for a missing receipt form as non-itemized. Certificate of Missing Receipt form can be found on the UND Finance page (campus.und.edu/finance/forms).
- Employees are reimbursed for expense outlays made by the specific individual requesting reimbursement.
- If an individual pays cash and requests reimbursement, a "Certificate of Missing Receipt form" is needed for attestation of payment made that is not verifiable.

¹ If the state rate cannot be obtained, employees must follow NDUS procedure 806.1(12) prior to travel.

Travel Summary Form

Name _____ Empl ID # _____

Dept _____ Email _____ Stop # _____

Purpose of Trip _____

Destination _____

Departure Date _____ Time _____ (If flying, time left for airport)

Return Date _____ Time _____

Dates of Travel	<u>Meals Not Provided</u>			<u>Lodging Reimbursement</u>		<u>Personal Vehicle Mileage</u>
	Breakfast	Lunch	Dinner	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Lodging Fee: \$ _____

Parking Fee: \$ _____

Flight Fee: \$ _____

Conference Fee: \$ _____

Luggage Fee: _____

Shuttle/Taxi: \$ _____

Outbound Flight _____

Arrival \$ _____

Return Flight _____

Departure \$ _____

Justification for Additional Baggage:

Funding:

Other:

Remote Work Agreement in place? Yes No

If yes, city of origin:

Comments:

By checking the box, I delegate my entry authority to the Shared Service Center, and I understand I am responsible for submitting my Travel and Expense report after entry.

_____ Date

Attach receipts and conference agenda.

Send to the Shared Service Center at
UND.SharedServiceCenter@UND.edu