

**Heritage Training Scholarship
Reimbursement Form**

Name: _____

Check payable to: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

I represent the following organization: _____

I attended the following training: _____

Date and Place of Training: _____

Costs

Conference Fees, Tuition or Workshop Fees * _____

Mileage # of miles: _____ X \$.51 = _____

Per Diem # of days: _____ X \$30 = _____

Lodging* _____

Other Expenses* please specify expense

Internal Use Only

Total Cost _____

* Copies of receipts must be included in order to process reimbursement.

All Scholarship expenses will be reimbursed according to NDCC Chapter 44-08-04. For more information please contact Grants & Contracts Officer, Amy Munson at 701-328-3573 or amunson@nd.gov.

Please submit the reimbursement to:
Heritage Training Scholarship
Attn: Amy Munson
State Historical Society of North Dakota
612 East Boulevard Avenue
Bismarck, ND 58505-0830