



To: Statewide Partners

Re: Conference and Travel Support for the April 5-6, 2018 Diabetes Summit

Conference and travel support is available to individuals attending the Diabetes Summit on April 5-6, 2018 on a first come first serve basis until all available funds are awarded. Conference registration fee support of a maximum of \$125 is available. Travel support is available for individuals attending the conference from a distance of 50 miles or greater round trip. If more than one individual from your organization is attending the conference, please plan to travel together, whenever possible, to save dollars allocated for conference and travel support.

Who is eligible for conference and travel support and what is the reimbursement?

- ***Conference attendees who are traveling less than 50 miles round trip.***
 - Conference registration fee support of up to \$125 is available. A copy of the **paid conference registration fee receipt in your name** must be provided at the time the travel voucher or invoice is submitted for reimbursement.
 - Mileage support is not available.
 - Lodging support is not available.
- ***Conference attendees who are traveling between 50 miles and 120 miles round trip.***
 - Conference registration fee support of up to \$125 is available. A copy of the **paid conference registration fee receipt in your name** must be provided at the time the travel voucher or invoice is submitted for reimbursement.
 - Mileage at the prevailing IRS rate (currently \$0.545 per mile). (**Only the driver may claim mileage**. Mileage is determined from your worksite to the Radisson Hotel in Bismarck, ND and return).
 - Lodging support is not available.
- ***Conference attendees who are traveling 120 miles or greater round trip.***
 - Conference registration fee support of up to \$125 is available. A copy of the **paid conference registration fee receipt in your name** must be provided at the time the travel voucher or invoice is submitted for reimbursement.
 - Mileage at the prevailing IRS rate (currently \$0.545 per mile). (**Only the driver may claim mileage**. Mileage is determined from your worksite to the Radisson Hotel in Bismarck, ND and return).
 - Lodging is for ONE NIGHT: either April 4 OR 5, 2018 at the conference rate plus tax. A copy of the **paid lodging receipt (not the express checkout form, balance due must show a \$0 balance)** of the hotel stay **in your name** must be provided at the time the travel voucher or invoice is submitted for reimbursement.

If you are seeking conference or travel support, please complete the *Conference and Travel Support Application Form* (see last page, complete a *Conference and Travel Support Application Form* for each participant) and submit by e-mail to tarso@nd.gov no later than noon, Central Standard Time, on March 1, 2018 to be eligible to have funds held for reimbursement. Please call 701.328.2356 for questions.

An e-mail notice will be sent to you to confirm that your conference and travel support application was received. Applications will be reviewed in the order received. An e-mail notice for conference and travel support will be sent when funds are awarded as well as when funds are no longer available.

Reminder: funds are available on a first come first serve basis.

Conference and Travel Support Requirements:

- ***All conference or travel support must be pre-approved.***
- Attendees requesting conference or travel support must attend the conference as registered. ***Attendees who leave the conference early will not be reimbursed.***
- **Must provide paid conference registration fee receipt for reimbursement in your name. Multiple names on a conference registration receipt is not acceptable for reimbursement.**
- **Must provide paid lodging receipt, which shows a balance due of \$0, for reimbursement in your name. The express checkout lodging form is not acceptable for reimbursement.**
- **A travel voucher form (payable to the participant) or invoice (payable to the employer) must be completed at the conclusion of the conference. Please see the event staff at the registration table to complete the travel voucher form. The invoice would need to be submitted by your employer and emailed to tarso@nd.gov. **To eliminate multiple reimbursements for a participant, please coordinate the conference or travel support reimbursement so that either the participant or the employer is reimbursed.****
- No early conference or travel support requests will be paid prior to the conference.
- Payments for all approved conference or travel support will be sent by check from the North Dakota Department of Health within two or three weeks following the conference. If you do not receive payment after three weeks or have questions regarding your reimbursement, please e-mail tarso@nd.gov or call 701.328.2356.
- The North Dakota Office of Management & Budget (OMB) Fiscal Policy 110 requires a *W-9 - Request for Taxpayer Identification Number and Certification Form* to be completed in order for us to reimburse you. The W-9 form will be available at the conference for you to complete. If you have already completed a W-9 form with the state, you do not need to complete another W-9 form unless your address has changed.

Conference and Travel Support Application Form
Diabetes Summit April 5-6, 2018 in Bismarck ND.

(Requests are on a first come first serve basis until funds are awarded)
Please complete a separate application form for each participant.

Name: _____

Home address: _____
(Street, city, state and zip code)

Name on the check: _____

Address to mail check: _____
(Street, city, state and zip code)

Employer Name: _____

Employer Address: _____
(Street, city, state and zip code)

Work phone number: _____

Cell phone or home phone number (in the event of emergencies):

E-mail address to receive notifications: _____

Conference Registration Fee Support Requested - up to \$125:

Are you requesting conference registration fee support? (*Must provide paid conference registration fee receipt for reimbursement in your name. Multiple names on a conference registration receipt is not acceptable for reimbursement.*) Check one: NO YES

One-Day Registration: \$75 _____ Two-Day Registration: \$125 _____

Travel Support Requested:

Mileage Reimbursement Request if traveling 50 miles or greater round trip (*driver only*):

Number of miles (round trip) driven from your worksite to the Radisson Hotel in Bismarck, ND to attend the conference: _____

Lodging Reimbursement Request for one night if traveling 120 miles or greater round trip:

Are you requesting lodging support? (*Must provide paid lodging receipt, which shows a balance due of \$0, for reimbursement in your name. The express checkout lodging form is not acceptable for reimbursement.*) Check one: NO YES

Additional Information:

Individual(s) you are traveling with to attend the conference, if applicable:

Number of round trip miles you are traveling as a passenger from your worksite to the Radisson Hotel in Bismarck, ND to attend the conference, if applicable:

NOTE: If the check is to be written to the participant, you will be asked to complete a travel voucher upon the completion of the conference. If the check is to be written to your employer, then an invoice will need to be completed and emailed to tarso@nd.gov. Remember to include your departure and return time on the travel voucher or invoice.