

Agreement Invoice Travel Log

DOT Form 163 v24.0229

Agreement #: _____

Travel Date: _____

Travel Info						
Traveler's Name						
Departure Time						
Return Time						
Mileage Expenses						
Location(s) Traveled						
Miles Traveled						
Mileage Rate	\$ 0.670	\$ 0.670	\$ 0.670	\$ 0.670	\$ 0.670	\$ 0.670
Allowable Mileage Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Meal & Incidental Expenses						
Federal Per Diem Rate	\$59.00	\$59.00	\$59.00	\$59.00	\$59.00	\$59.00
Check box if first or last day of travel -->	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box for each meal reimbursed allowed for each day	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State's Allowable Per Diem M&IE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lodging Expenses						
Max Daily Allowance (excl taxes)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Lodging Rate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Lodging Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allowable Lodging Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Travel Expenses						
Airfare		\$ -		\$ -	\$ -	\$ -
Rental Auto	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental Auto Fuel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation (i.e. taxi)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allowable Other Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL ALLOWABLE COSTS:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -						

Notes: (provide clarification of expenses or additional breakdown of expenses by project, if applicable)

Any non-labor cost charged as a direct cost to NDOT cannot be included in Consultant's overhead rate calculation.

Enter traveler's name (different column for each traveler), enter Departure Time on first day of travel, Return Time on last day of travel.
 Enter travel origination, primary destination, and daily miles traveled. Mileage rate eff. Jan. 2024 is \$0.67
 Max. daily allowance for meals and incidentals set at 70% of federal GSA rate obtained from <http://www.gsa.gov/portal/category/100120> (based on work location). Incidentals include fees/tips given to baggage carriers or hotel staff. Enter full daily GSA rate in first row.
 Enter lodging rate and taxes separately. Reimbursement of lodging taxes is prorated, if necessary. Rates eff. 10/23-09/24 are \$115 Omaha, \$107 Rest of Nebraska
 Attach detailed receipts and add description of other travel expenses not pre-listed on the form.