REQUEST FOR REIMBURSEMENT OF VISITOR FEES AND EXPENSES

OFFICE OF GUARDIANSHIP AND CONSERVATORSHIP
SFN 62761 (09-2026)

VISITOR INFORMATION

Visitor Name	Court Case Number	Protected Person Name
Email Address		Telephone Number

Address	City	State	ZIP Code

TRAVEL AND MILEAGE

Traveled From	Traveled To	Miles Driven	Mileage Rate	Subtotal
			$0.00	
			Total Mileage	$0.00

ITEMIZED REIMBURSEMENT

Date	Description of Services	Time in Minutes	Subtotal
		Total of Services	$0.00
		Total Amount Requested	**$0.00**

VISITOR SIGNATURE

I certify that this statement is true and correct, and that no other compensation for the hours and costs set forth have been reimbursed by any other source.

Visitor Signature	Date

OFFICE OF GUARDIANSHIP & CONSERVATORSHIP USE ONLY

Accounting Period Date	GL ID	Account	Oper Unit	Fund	Dept	Class	Transaction Amount	Vendor Number

OGC Fiscal Officer Signature	Date

Telephone Number	Email Address

Mail Completed Form to:
Office of Guardianship and Conservatorship
600 E Boulevard Ave, Dept 315
Bismarck, ND 58505
701-328-3010
Fax: 701-328-0306

Email Completed Form to: ogc@nd.gov