

## MICHIGAN RURAL TRANSIT ASSISTANCE PROGRAM EXPENSE VOUCHER

Transit System Name and Mailing Address:			Federal ID No.			Date Submitted:						
			Name of Individual Trained:									
			Nature of Training:									
<i>Questions regarding this expense voucher should be directed to:</i> Name: _____ Phone #: _____ Email: _____												
<b>STATE TRAVEL RATES APPLY</b>			<b>NOTE: ATTACH RECEIPTS TO THIS VOUCHER</b> Receipts needed for <b>meals</b> , airfare (or any other mode of transportation), lodging, parking bridge tolls, registration or course fees. Refer to State Travel Rates.									
Date:	Expense Description	Travel Times		VEHICLE EXPENSES			Lodging	*****MEALS*****			Other* Expenses (explain)	Daily Totals
		Start: _____	End: _____	Mileage		\$ Amount		Bkfst	Lunch	Dinner		
				Total Miles	Rate							
SUMMARY TOTAL						<b>TOTAL AMOUNT OF VOUCHER</b>			<b>\$</b>			

\*Explain Under Expense Description

I hereby certify that the travel indicated was necessary and for transit related business.

\_\_\_\_\_  
RTAP ADMINISTRATOR APPROVAL

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TRANSIT MANAGER SIGNATURE