

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:	

Questions regarding this expense voucher should be directed to:

Name: _____ Phone #: _____ Email: _____

STATE TRAVEL RATES APPLY	<p>NOTE: ATTACH RECEIPTS TO THIS VOUCHER</p> <p>Receipts needed for meals, airfare (or any other mode of transportation), lodging, parking bridge tolls, registration or course fees. Refer to State Travel Rates.</p>
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Date:	Expense Description	Travel Times Start: _____ End: _____	VEHICLE EXPENSES			Lodging	*****MEALS*****			Other* Expenses (explain)	Daily Totals
			.535/mile				Bkfst	Lunch	Dinner		
			Mileage		\$ Amount						
			Total Miles	Rate			\$ Amount				
SUMMARY TOTAL											
TOTAL AMOUNT OF VOUCHER											
\$											

*Explain Under Expense Description

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

RTAP ADMINISTRATOR APPROVAL _____

TRANSIT MANAGER SIGNATURE _____