

Date: _____

RTAP Expense Reimbursement

Federal Identification No.:	Telephone No.: () _____	Date of Workshop/Training:
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Name of System:	Name of Workshop or Type of Training:
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Address:	Person(s) Attending:
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City:	State:	Zip Code:	Location:
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Mileage (number of miles) _____ x \$ _____ (rate) \$ _____

Registration..... \$ _____

Lodging (include receipt)..... \$ _____

Meals (actual expense – receipts required)

Date Incurred	Breakfast	Lunch	Dinner	Total
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total Meals				\$ _____

Eligible Wages (the rate entered is regular wage only and no employer costs such as FICA)

Name	Rate	Hours	
_____	_____	_____	x _____ = \$ _____
_____	_____	_____	x _____ = \$ _____
_____	_____	_____	x _____ = \$ _____
Total Wages			\$ _____

Airfare (include receipt)..... \$ _____

Miscellaneous (parking, taxi, shuttle, etc., include receipts)..... \$ _____

Total Expenses \$ _____

I HEREBY CERTIFY THAT ALL AMOUNTS INDICATED ARE WHOLLY CORRECT AND LEGITIMATE

Participant's Authorized Representative: (Signature)	Title:	Date:
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DEPARTMENT OF ROADS' APPROVAL

Project Manager: (Signature)	Date:	Division Head: (Signature)	Date:
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