|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | Date: |  | | |
| Nebraska Department of Transportation andNebraska Association of Transportation Providers **Out-of-State Travel Application**  **(5311 Subrecipients)** | | | | | | | | | |
| Select one of the following:  Request approval for NATP scholarship to be reimbursed with 100% NATP funds.  Request approval for RTAP scholarship to be reimbursed with 100% Federal RTAP funds.  Request approval for reimbursement at 80% Federal Section 5311 funds and 10% State funds. | | | | | | | | | |
| Describe why you want to attend this out-of-state event. What knowledge will you gain? How will attendance assist you in performing your transit duties, etc.? | | | | | | | | | |
|  | | | | | | | | | |
| **Meeting:** | | |  | | | | | | |
| Place: | | | | Dates of Travel: | | | | | |
| Purpose: | | | | | | | | | |
| **To Be Attended By:** | | |
| Transit Agency: | | | | | | | | | |
| Employee Name(s) Requesting Approval: | | | | | | | | | |
| **Estimated Expenses:** | | |
| ***Travel:*** | | | | | | | Amount | | |
| Originating City: | | Final Destination: | | Carrier(s): | | |  | | |
| Cost Per Ticket:  $      ×     *(# of Employees)* | | | | | | | $ | 0.00 | |
| Personal Vehicle Mileage:       miles @ $0.545 per mile | | | | | | | $ | 0.00 | |
| ***Lodging:*** | | | | | | |  | | |
| Cost Per Day:  $      ×     *(# of Days)* | | | | | | | $ | 0.00 | |
| $      ×     *(# of Days)* | | | | | | | $ | 0.00 | |
| ***Meals:*** | | | | | | |  | | |
| Cost Per Day:  $      ×     *(# of Days)* | | | | | | | $ | 0.00 | |
| $      ×     *(# of Days)* | | | | | | | $ | 0.00 | |
| ***Miscellaneous: (taxi, parking, etc.)*** | | | | | | |  | | |
| Amount:  $ | | | | | | | $ | 0.00 | |
| Amount:  $ | | | | | | | $ | 0.00 | |
| Amount:  $ | | | | | | | $ | 0.00 | |
| **Total Travel Expense** 🡺 | | | | | | | **$** | **0.00** | |
| ***Conference Registration:*** | | | | | | |  | | |
| Cost Per Person:  $      ×     *(# of Employees)* | | | | | | | $ | 0.00 | |

|  |  |  |
| --- | --- | --- |
| **Total Cost of Trip** 🡺 | **$** | **0.00** |

|  |  |
| --- | --- |
| Do you agree to attend the annual transit managers’ workshop and share information about your experience attending this event? *(Barring unforeseen circumstances)*  Yes   No  If requested, do you agree to provide written information about your experience attending this event?   Yes   No | |
| Please list all out-of-state transit-related events attended in the prior 18 months: | |
| **Event** |  |
|  | 100% RTAP Funds   100% NATP Funds    90% 5311 and State Funds |
|  | 100% RTAP Funds   100% NATP Funds    90% 5311 and State Funds |
|  | 100% RTAP Funds   100% NATP Funds    90% 5311 and State Funds |

**After completion of this form, submit to Kari Ruse, NDOT, at** [**kari.ruse@nebraska.gov**](mailto:kari.ruse@nebraska.gov) **and Tiffany Fourgeron, NATP, at** [**tfourgeron@youraam.com**](mailto:tfourgeron@youraam.com)

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| **For NDOT and NATP Use Only** | | |
| **Reviewed and Approved By:** | | |
| Name: | Title: | Signature: |
| **Reviewed and Declined By:** | | |
| Name: | Title: | Signature: |

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| --- |
| Remarks: |