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|  | 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 |

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

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| Do you agree to attend the annual transit managers’ workshop and share information about your experience attending this event? *(Barring unforeseen circumstances)* [ ]  Yes  [ ]  NoIf 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** **and Tiffany Fourgeron, NATP, at** **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:  |