**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:  

**NOTE: ATTACH RECEIPTS TO THIS VOUCHER**  
Receipts needed for meals, airfare (or any other mode of transportation), lodging, parking, bridge tolls, registration or course fees. Refer to State Travel Rates.

**STATE TRAVEL RATES APPLY**  

<table>
<thead>
<tr>
<th>Date:</th>
<th>Expense Description</th>
<th>Travel Times</th>
<th>Mileage</th>
<th>Lodging</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Other Expenses (explain)</th>
<th>Daily Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Start:</td>
<td>End:</td>
<td>Rate:</td>
<td>$ Amount:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VEHICLE EXPENSES**  

**.58/mile Oct-Dec 2019; .575/mile eff. Jan 1, 2020**  

**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