

## 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: \_\_\_\_\_

<b>STATE TRAVEL RATES APPLY</b>	<b>NOTE: ATTACH RECEIPTS TO THIS VOUCHER</b> Receipts needed for <b>meals</b> , airfare (or any other mode of transportation), lodging, parking bridge tolls, registration or course fees. Refer to State Travel Rates.
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Date:	Expense Description	Travel Times Start: _____ End: _____	VEHICLE EXPENSES			Lodging	*****MEALS*****			Other* Expenses (explain)	Daily Totals
			.58/mile 8/mile Oct-Dec 2019; .575/mile eff. Jan 1, 2020				Bkfst	Lunch	Dinner		
			Mileage		\$ Amount						
			Total Miles	Rate							
SUMMARY TOTAL											
<b>TOTAL AMOUNT OF VOUCHER</b>											
<b>\$</b>											

\*Explain Under Expense Description

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

RTAP ADMINISTRATOR APPROVAL \_\_\_\_\_

TRANSIT MANAGER SIGNATURE \_\_\_\_\_