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:							
oucher should	be directed	d to:								
					Email:					
		NOTE: ATT	TACH RECEIPTS T	O THIS VOUCH	IER					
STATE TRAVEL RATES APPLY		Receipts needed for meals , airfare (or any other mode of transportation), lodging, parking								
			bridge tolls, registration or course fees. Refer to State Travel Rates.							
Travel Times			VEHICLE EXPENSES							
Date: Expense Description Start:		Oct-Dec 2018 .545/mile; Jan-Sept 2019 .58/mile						1		
End:	Mileage		Lodging	Bkfst	Lunch	Dinner	Expenses	Daily Totals		
	Total Miles	Rate	\$ Amount					(explain)		
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MARY TOTAL										
- ·· · -	TOTAL AMOUNT OF VOUCHER								\$	
	Travel Times t:	Travel Times Total Miles	Nature of Individual Trained: Nature of Training: Phone #: NOTE: ATT Receipts needs bridge tolls, reg Travel Times Travel Times Total Miles Rate	Name of Individual Trained: Nature of Training: Poucher should be directed to: Phone #: NOTE: ATTACH RECEIPTS Tale Receipts needed for meals, airfare (with bridge tolls, registration or course fees to the process of the process	Name of Individual Trained: Nature of Training: Oucher should be directed to: Phone #: NOTE: ATTACH RECEIPTS TO THIS VOUCH Receipts needed for meals, airfare (or any other mode of bridge tolls, registration or course fees. Refer to State Training VEHICLE EXPENSES Oct-Dec 2018: 545mile; Jan-Sept 2019: 58mile Mileage Lodging Total Miles Rate \$Amount	Nature of Individual Trained: Nature of Training: Oucher should be directed to: Phone #: Email: NOTE: ATTACH RECEIPTS TO THIS VOUCHER Receipts needed for meals, airfare (or any other mode of transportation bridge tolls, registration or course fees. Refer to State Travel Rates. Travel Times UCHOE 2018 545/mile; Jan-Sept 2019 58/mile Mileage Total Miles Rate \$ Amount MARY TOTAL	Nature of Individual Trained: Nature of Training: Oucher should be directed to: Phone #: Email: NOTE: ATTACH RECEIPTS TO THIS VOUCHER Receipts needed for meals, airfare (or any other mode of transportation), lodging, park bridge tolls, registration or course fees. Refer to State Travel Rates. Travel Times VEHICLE EXPENSES Oct-Dec 2018 .545mile, Jan-Sept 2019 .58mile Mileage Total Miles Rate \$ Amount Total Miles Rate \$ Amount MARY TOTAL	Name of Individual Trained: Nature of Training: Oucher should be directed to: 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. Travel Times CHDcc 2016 345/mic, Jan-Sept 2016 55/mile Mileage Total Miles Rate \$ Amount Dinner Total Miles Rate \$ Amount	Name of Individual Trained: Nature of Training: Outcher should be directed to: 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. Travel Times VEHICLE EXPENSES Octor 2018 545mile, Jan-Sept 2019 58mile Mileage Lodging Bkfst Lunch Dinner Expenses (explain) Total Miles Rate \$ Amount Other* Expenses (explain)	

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

RTAP ADMINISTRATOR APPROVAL

^{*}Explain Under Expense Description