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:									
Questi	ions regarding this exp	ense voucher should	l be directed	d to:							
Name:			Phone #: Email:								
				NOTE: ATT	ACH RECEIPTS	TO 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.								
Date:	Expense Description	Travel Times	VEHICLE EXPENSES							Other*	
		Start:	.545/mile				******MEALS*****				
		End:	Mileage		Lodging	Bkfst	Lunch	Dinner	Expenses	Daily Totals	
	<u> </u>		Total Miles	Rate	\$ Amount					(explain)	
									 	 	
						_			 	 	
			+								
			+								
									<u> </u>		
						_				<u> </u>	
									 	 	
						_			 	 	
			+						 		
		SUMMARY TOTAL									
			TOTAL AMOUNT OF VOUCHER \$								\$

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

RTAP ADMINISTRATOR APPROVAL

^{*}Explain Under Expense Description