

NAME OF TRAVELER: __

MISSOURI RURAL TRANSIT ASSISTANCE PROGRAM

PERSONNEL TRAVEL FORM

PLEASE SUBMIT A PERSONNEL TRAVEL FORM FOR EACH PERSON THAT TRAVELED ALONG WITH APPROPRIATE RECEIPTS AND ATTACH TO THE AGENCY INVOICE FOR TRAINING REIMBURSEMENT FORM.

GRANTEE/AGENCY NAME:	
AGENCY MAILING ADDRESS:	
PURPOSE OF TRAVEL:	
DESTINATION:	
DATE/START TIME OF TRAVEL: DATE/	END TIME OF TRAVEL:
EXPENSES:	
MILES @ \$.655 PER MILE IF POV IS USED	\$
ROUNTRIP AIRFARE	\$
BAGGAGE FEES	\$
TRANSPORTATION (INCLUDES TAXI'S, SHUTTLES, & UBER)	s
RENTAL CAR (IF APPROVED BY MO RTAP MANAGER)	\$
RENTAL CAR FUEL	\$
LODGING	\$
MEALS (BASED ON PER DIEM RATE OF TRAVEL LOCATION)	\$
CONFERENCE REGISTRATION FEES	\$
PARKING FEES (AIRPORT AND HOTEL @ SELF-PARK RATE)	\$
OTHER EXPENSES:	\$
TOTAL EXPENSES	\$

PLEASE BE AWARE THAT RECEIPTS ARE REQUIRED FOR LODGING, AIRFARE, RENTAL CAR (IF PRE-APPROVED BY MO RTAP MANAGER), AND CONFERENCE REGISTRATION FEES. LODGING RECEIPT MUST REFLECT A \$0 BALANCE. ANY QUESTIONS PLEASE CALL PAT DIAKU, PROGRAM SPECIALIST, AT (573) 341-6155 OR EMAIL TO diakup@mst.edu