



## 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.

**NAME OF TRAVELER:** \_\_\_\_\_

**GRANTEE/AGENCY NAME:** \_\_\_\_\_

**AGENCY MAILING ADDRESS:** \_\_\_\_\_

**PURPOSE OF TRAVEL:** \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_

**DATE/START TIME OF TRAVEL:** \_\_\_\_\_ **DATE/END TIME OF TRAVEL:** \_\_\_\_\_

**EXPENSES:**

_____ MILES @ \$.49 PER MILE <b>IF POV IS USED</b>	\$
ROUNTRIP AIRFARE	\$
BAGGAGE FEES	\$
TRANSPORTATION (INCLUDES TAXI'S, SHUTTLES, & UBER)	\$
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 <b>@ SELF-PARK RATE</b> )	\$
OTHER EXPENSES:	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

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 DOREEN HARKINS, PROGRAM SPECIALIST, AT (573) 341-6155 OR EMAIL TO [harkinsd@mst.edu](mailto:harkinsd@mst.edu)