

**MONTANA DEPARTMENT OF TRANSPORTATION
RURAL TRANSIT ASSISTANCE PROGRAM
REQUEST FOR FUNDS**

Please fill out one form per person and please print

Your Agency _____	Activity Attended _____
Address _____	Dates _____
_____	Location _____
Your Name _____	_____
Your Position/Title _____	_____
Reimburse to _____	_____
If Individual - SSN# _____	If Agency - Federal ID # _____

EXPENSE CATEGORY (See attached schedule of travel rates for reimbursement)

1) Registration fees or tuition.....	\$ _____
2) Accommodations \$ ____/night x ____ nights.....	\$ _____
3) Meals <u>not covered by registration fees</u> :	

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Breakfast								\$ _____
Lunch								\$ _____
Dinner								\$ _____
Total Meals								\$ _____

4) Travel	
Airfare.....	\$ _____
Car - ____ Miles x .29 cents per mile.....	\$ _____
(Mileage is not reimbursed if your transit system is located 35 miles from the site of the approved program.)	
Taxi/Van to/from Airport.....	\$ _____
Total Travel	
	\$ _____
TOTAL EXPENSES	
	\$ _____

All receipts must be attached to this form in order to process reimbursement requests. Reimbursement requests must be submitted to Montana Department of Transportation, Transit Section, 2701 Prospect Ave., P.O. Box 201001, Helena, MT 59620-1001 no more than 30 days after the event attended. The Transit Section reserves the right to deny reimbursement requests submitted after the 30-day period. Please allow 30 days to process reimbursement requests.

CERTIFICATION

I certify that the expenses described in this request for funds form were incurred as part of the attendance and participation at the program identified above.

Applicants Signature: _____ Date _____

FOR STATE USE ONLY:

This request is approved in the amount of \$ _____

MDT/Transit Section Authorized Signature: _____ Date: _____

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Schedule of Travel Rates

<u>In-State</u>	<u>Allowed Reimbursement Rate</u>
Meals and Lodging:	
Lodging (receipt required)	Government Rate
Breakfast	\$5.00
Lunch	\$6.00
Dinner	\$12.00

<u>Out-of-State</u>	
Meals and Lodging:	
*Lodging (receipt required)	Government Rate
Breakfast	\$7.00
Lunch	\$11.00
Dinner	\$23.00

*Lodging for high cost cities as determined by State travel policy is reimbursed at actual cost.

Travel

Air (coach class, receipt required. Reimbursement is limited to the lowest available travel fair.)

Car	\$0.29 per mile
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Other

Taxi Cab or Airport Van (business purposes only!)	Actual Cost (receipt required)
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Incidental costs such as telephone charges, in-room movies, etc., are considered personal and are not eligible for reimbursement.

RECEIPTS REQUIRED FOR AIRLINE TRAVEL, LODGING, AND TAXI TO AND FROM AIRPORT.

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Program Summary/Evaluation Report

** Note: This evaluation is required! Reimbursement cannot be processed until Expense and Evaluation Forms are complete!*

1) Briefly describe the topic or theme, the content of the program and the specific workshops, panel discussions, conference sessions, etc., that you attended. **A copy of the program agenda must be included with your reimbursement request.**

2) What portion or portions of this event did you find to be most beneficial to you, and what was least beneficial? Please provide a detailed response.

3) What percentage of your job will you use the information you obtained?

____100% ____75% ____50% ____25% ____0%

4) Would you recommend this program to others, and why or why not?

5) Additional comments you would like to add to make this experience more valuable is appreciated.

Send to: Montana Department of Transportation, Transit Section
 2960 Prospect Avenue
 PO Box 201001
 Helena, MT 59620-1001
 Phone: (406) 444-9192