



RTAP Request

Grant number _____

Authorization for an Individual Transit Assistance Program Grant, FTA 5311(b)(2)

Air, Rail and Transit Office
 Finance and Management Division
 South Dakota Department of Transportation (SDDOT)

SDDOT Finance & Management authorizes:

Agency name

Address

to request reimbursement from SDDOT for RTAP trip expenses. List trip purpose, all traveler names, estimated departure and return dates and times. Note time zone changes:

RTAP Grant Budget

Cost Item	Requested Amount	Approved Amount	Description
Travel* <input type="checkbox"/> Project <input type="checkbox"/> Personal			
Lodging*			
Meals			
Registration*			
Other*			
Total			

**Receipts are required for commercial travel, lodging, tuition/registration and other expenses, excluding meals.*

Submitted by _____ Approved by Sallie Collins/Lisa Donner/Bruce Lindholm

Charge to _____ Effective date of award _____

Return to or contact

Sallie Collins Sallie.Collins@state.sd.us 605-773-7038
 Lisa Donner Lisa.Donner@state.sd.us 605-773-4169
 SDDOT Air, Rail and Transit Office, 700 E. Broadway Ave., Pierre, SD 57501-2586

Meal times and rates

	In S.D.	Outside S.D.
Breakfast leave before 5:30 a.m., return after 8 a.m.	\$5.00	\$8.00
Lunch leave before 11:30 a.m.	\$9.00	\$11.00
Dinner leave before 5:30 p.m., return after 8 p.m.	\$12.00	\$17.00

Mileage rates .37/mile personal vehicle or .20/mile project vehicle