

RTAP TRAVEL AUTHORIZATION

North Dakota Department of Transportation, Local Government
SFN 53759 (3-2017)

Note: This form must be submitted 30 days before proposed travel, and prior to purchase of plane tickets.

Person Traveling (Last)		(First)	Title
Office		Address	
Number of Meetings and Numbers of Days Person has traveled this Fical Year (July 1- June 30)			
Destination(s) (City and State)			
Date to Depart From Home		Date to be at Destination	Date Event Begins
Date Event Ends		Date to Return Home	Does trip include vacation hours/days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Trip <input type="checkbox"/> Conference or Meeting <input type="checkbox"/> Seminar, Workshop, or Training <input type="checkbox"/> Routine Work <input type="checkbox"/> Other			
Name of Meeting or Purpose of Trip (Do Not Abbreviate)			
Total number of persons attending this trip or meeting from ND and requesting RTAP reimbursement.			
Note: Submit one form for each person and submit all forms at the same time.			

Method of Travel			
<input type="checkbox"/> Personal Vehicle	<input type="checkbox"/> Project Vehicle (.20 cents per mile)	<input type="checkbox"/> Train	<input type="checkbox"/> Other (Explain in Remarks)
<input type="checkbox"/> .535 cents per mile all events	<input type="checkbox"/> Commercial Air	<input type="checkbox"/> Bus	

ESTIMATED COST OF TRIP (To Nearest Dollar)					COSTS WILL BE PAID BY	
Transportation	Meals	Lodging	Registration	TOTAL	<input type="checkbox"/> RTAP	<input type="checkbox"/> Other (Explain in Remarks)
Project Name						
Remarks						

Signature of Person Traveling	Date
RTAP Director Signature	Date

INSTRUCTIONS

1. Use a separate form for each individual for each trip. **(Do Not Use Abbreviations to Describe a Meeting or Trip.)**
2. **Send original** to Local Government Division for approval.