

# RTAP TRAVEL AUTHORIZATION

North Dakota Department of Transportation, Local Government  
SFN 53759 (5-2018)

**REQUEST FOR REIMBURSEMENT** (*This TRAP Travel TRAVEL EXPENSE BOUCHER must be submitted within 6 weeks of the event or June 15, which is earlier.*)

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 <b>all forms</b> 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"/> .545 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.