

RTAP TRAVEL AUTHORIZATION

North Dakota Department of Transportation, Local Government

SFN 53759 (6-2019)

REQUEST FOR TRAVEL AUTHORIZATION FOR OUT-OF-STATE TRAVEL. Use a separate form for each individual for each trip. Attach agenda for purpose of travel. Documentation must be provided if airfare costs in excess of the basic least expensive unrestricted accommodations offered. **NDDOT only reimburses for allowable costs based on 2 CFR Part 200.474.** Send forms to the Transit Section for approval.

Person Traveling (Last)	(First)	Title
Transit Agency Name		
Number of Meetings, Locations, and Days the Person has traveled this Fiscal 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 requesting RTAP reimbursement.		

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"/> .58 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)

Remarks

Signature of Person Traveling	Date
RTAP Director Signature	Date

Submit form to:

LOCAL GOVERNMENT DIVISION, TRANSIT SECTION
NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700