



MISSOURI RURAL TRANSIT ASSISTANCE PROGRAM

AGENCY INVOICE FOR TRAINING REIMBURSEMENT

GRANTEE (AGENCY) NAME: _____

AGENCY ADDRESS: _____

**NAME OF PERSONS
ATTENDING TRAINING:** _____

CONFERENCE NAME: _____

DATE(S): _____ **LOCATION:** _____

THE AGENCY INVOICE REFLECTS THE TOTAL EXPENSES OF ALL AGENCY TRAVELERS.

<u>EXPENDITURES:</u>	<u>AMOUNT REQUESTED</u>
MILEAGE (\$0.655 PER MILE)	\$ _____
AIRFARE	\$ _____
GROUND TRANSPORTATION (TAXI, SHUTTLE, UBER)	\$ _____
RENTAL CAR AND RENTAL CAR FUEL	\$ _____
LODGING	\$ _____
MEALS	\$ _____
CONFERENCE REGISTRATION FEES	\$ _____
PARKING FEES (AIRPORT AND HOTEL)	\$ _____
OTHER EXPENSES	\$ _____
TOTAL AGENCY EXPENSES	\$ _____

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE EXPENSES ABOVE ARE CORRECT AND THAT ALL EXPENSES WERE MADE IN ACCORDANCE WITH MISSOURI RTAP REQUIREMENTS.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE OF SIGNATURE

TYPED OR PRINTED NAME AND TITLE

TELEPHONE NUMBER