RTAP TRAVEL AUTHORIZATION

North Dakota Department of Transportation, Local Government SFN 53759 (Rev. 08-2006)

Person Traveling	(Last)			(First)		Title			
Office					Address				
Number of Meeting	gs and Number of	Days Pe	rson has Trave	eled this Fi	scal Year	July1 - June 30)			
Destination(s) (City	y and State)								
Method of Travel									
Date to Depart Fro	m Home	Date(s) to be at Destir	nation	Dat	e to Return Home	Does	trip include vacation days?	
Reason for Trip									
Name of Meeting of	or Purpose of Trip	(Do Not	Abbreviate)						
Total number of persons attending this trip or meeting from ND and requesting RTAP reimbursement.					Not	Note: Submit one form for each person and submit all forms at the same time.			
ESTIMATED COST OF TRIP (To nearest dollar)						r) COSTS WILL BE PAID BY			
Transportation	Meals, Lodging,		Registration		ar or Taxi	TOTAL			
Project Name									
Remarks									
Signature of Person Traveling						. — Date			
	Signature	אי ר <i>ב</i> ופטוו	riaveiiily			Date			
RTAP Director						. — Date			

INSTRUCTIONS

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

REIMBURSEMENT