



RTAP Request

Grant number _____

Authorization for an Individual Transit Assistance Program Grant, FTA 5311(b)(2)

Air, Rail and Transit Office
 Secretariat
 South Dakota Department of Transportation (SDDOT)

SDDOT Finance & Management authorizes:

Agency name _____

Address _____

to request reimbursement from SDDOT for RTAP trip expenses.

Trip purpose _____

Traveler names _____

Estimated departure date, time _____

Return date, time _____

RTAP Grant Budget

Cost Item	Requested Amount	Approved Amount	Description
Travel* Project Personal			
Lodging*			
Meals			
Registration*			
Other*			
Total			

**Receipts are required for commercial travel, lodging, tuition/registration and other expenses, excluding meals. Provide copies of the itinerary and each boarding pass.*

Submitted by _____

Approved by Sallie Doty/Lisa Donner/Jack Dokken

Charge to _____

Effective date of award _____

Return to or contact

Sallie Doty Sallie.Doty@state.sd.us 605-773-7038
 Lisa Donner Lisa.Donner@state.sd.us 605-773-4169
 SDDOT Air, Rail and Transit Office, 700 E. Broadway Ave., Pierre, SD 57501-2586

Meal times and rates

	In S.D.	Outside S.D.
Breakfast leave before 5:30 a.m., return after 8 a.m.	\$6.00	\$10.00
Lunch leave before 11:30 a.m.	\$11.00	\$14.00
Dinner leave before 5:30 p.m., return after 8 p.m.	\$15.00	\$21.00

Mileage rates .42/mile personal vehicle or .23/mile project vehicle