

Rail and Public Transportation Division  
**RTAP Expense Reimbursement**

Date: \_\_\_\_\_

Federal Identification No.:	Telephone No.: (    )	Date of Workshop/Training:
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Name of System:	Name of Workshop or Type of Training:
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Address:	Person(s) Attending:
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City:	State:	Zip Code:	Location:
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**Mileage** (number of miles) \_\_\_\_\_ x \$ \_\_\_\_\_ (rate) \$ \_\_\_\_\_

**Registration** ..... \$ \_\_\_\_\_

**Lodging** (include receipt) ..... \$ \_\_\_\_\_

**Meals** (actual expense – receipts required)

Date Incurred	Breakfast	Lunch	Dinner	Total
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Meals</b>				<b>\$ _____</b>

**Eligible Wages** (the rate entered is regular wage only and no employer costs such as FICA)

Name	Rate	Hours	
_____	_____	_____	× _____ = \$ _____
_____	_____	_____	× _____ = \$ _____
_____	_____	_____	× _____ = \$ _____
<b>Total Wages</b>			<b>\$ _____</b>

**Airfare** (include receipt) ..... \$ \_\_\_\_\_

**Miscellaneous** (parking, taxi, shuttle, etc., include receipts) ..... \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL AMOUNTS INDICATED ARE WHOLLY CORRECT AND LEGITIMATE**

Participant's Authorized Representative: (Signature)	Title:	Date:
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**DEPARTMENT OF ROADS' APPROVAL**

Project Manager: (Signature)	Date:	Division Head: (Signature)	Date:
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*Forward the expense reimbursement and supporting document to Connie Trautwein, Nebraska Department of Roads, PO Box 94759, Lincoln NE 68509-4759 or email to: [connie.trautwein@nebraska.gov](mailto:connie.trautwein@nebraska.gov)*