By using this form you are agreeing to our terms of use. Please read:



RTAP Reimbursement

Air, Rail and Transit Office S.D. Department of Transportation 700 E. Broadway Ave. Pierre SD 57501-2586 RTAP #

100	Organization Name							
Traveler name(s) (Include all travelers.)								
Purpose of travel								
Transit project physical address								
Destination physical address								
License plate # (needed to claim mileage)								
Total miles in project vehicle				@ \$0.315/mile				
Total miles in personal vehicle				@ \$0.70/mile				
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6		
Date								
Depart time*	am pm	am pm	am pm	am pm	am pm	am pm		
Return time*	am pm	am pm	am pm	am pm	am pm	am pm		
Meal costs								
Lodging cost (if								

Attachment checklist

direct bill, enter 0)

Misc. costs

Total costs

Submitted by

Reimbursable amount

Conference or course agenda (showing which meals are included in registration or course fees)

SDDOT use only

Hotel receipts

Registration or course fee receipt

Receipts for other expenses (excluding meals)

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.
 \$14.00
 \$18.00

 Dinner leave before 5:30 p.m., return after 8 p.m.
 \$20.00
 \$28.00

Questions?

Jess Marlow Jess.Marlow@state.sd.us 605-773-7038 Terri Geigle Terri.Geigle@state.sd.us 605-773-3014 To email this form, please save a copy of this form to your computer and email using the "email" button from the saved copy.

You may also print a copy and mail to the address located at the top of this form.

^{*}Include date and time of departure and return. Note any time zone changes.