



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)

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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 Monte Meier/Terri Geigle/Jack Dokken

Charge to _____

Effective date of award _____

Return to or contact

Monte Meier

Monte.Meier@state.sd.us

605-773-4169

Terri Boyle

Terri.Geigle@state.sd.us

605-773-3014

SDDOT Air, Rail and Transit Office, 700 E. Broadway Ave., Pierre, SD 57501-2586

Meal times and rates

Breakfast leave before 5:30 a.m., return after 8 a.m.

In S.D.

\$6.00

Outside S.D.

\$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

Mileage rates .51/mile personal vehicle or .28/mile project vehicle