



## REQUEST FOR REIMBURSEMENT

NAME:

AGENCY:

ADDRESS:

PHONE NUMBER:

E-MAIL:

WORKSHOP/CONFERENCE:

Fees (Please attach all receipts)

Registration: \_\_\_\_\_

Hotel Accommodations: \_\_\_\_\_

Airfare (if applicable) \_\_\_\_\_

Meals: \_\_\_\_\_  
*(Per Diem is Breakfast-\$15.00/ Lunch-\$18.00 / Dinner- \$30.00 – including tax and tip)*

Other: \_\_\_\_\_

Total Requested: \_\_\_\_\_

**Organization to which reimbursement check should be made payable:**

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Federal Tax ID Number: \_\_\_\_\_

Please attach receipts to this completed form and then submit to:

5310 - Reimbursement  
MTA/Office of Local Transit Support  
6 St. Paul Street – 8<sup>th</sup> Floor  
Baltimore, MD 21202  
[LBenson@mdot.maryland.gov](mailto:LBenson@mdot.maryland.gov)