



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-\$9.00/ Lunch-\$11.00 / Dinner- \$25.00 – including tax and tip)

Other: _____

Total Requested: _____

Public Transit Provider that reimbursement check should be made payable to:

Federal Tax ID Number: _____

Please attach receipts and copy of award letter to this completed form and then submit to:

RTAP Reimbursement
MTA/Office of Local Transit Support
6 St. Paul Street – 8th Floor
Baltimore, MD 21202
LBenson@mdot.maryland.gov