

RTAP SCHOLARSHIP EXPENSE FORM

Name: _____

Title: _____

Organization Being Reimbursed: _____

Address to Submit Payment: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Name of Program: _____

Location of Program(city/state): _____

Date(s): _____

Registration Fee (if applicable): \$ _____

Lodging (including tax) _____ nights x \$_____/night: \$ _____

Airfare (if applicable): \$ _____

Train (if applicable): \$ _____

Public Transit (if applicable): \$ _____

Shuttle/Taxi (if applicable): \$ _____

Car Rental (if applicable) _____ days x \$_____/day: \$ _____

Gas (for Rental Car only): \$ _____

Mileage for personal car, *not rental car* _____ miles x\$.50.5/mile: \$ _____

Total Expenses \$ _____

Total Paid \$ _____

Total Paid \$ _____

Signature of Attendee: _____ Date: _____