

**REQUEST FOR ASSISTANCE UNDER THE MISSOURI ELDERLY AND
HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM**
Reimbursement for Actual Operating Expenses

Vendor Information					
Vendor No. →					
Agency Legal Name					
D/B/A (if applicable)					
Address					
City		State		Zip Code	

Invoice Information			
Project Number	TMEHTP19		
Expense Period	From (mm/dd/yy)		To (mm/dd/yy)
Payment Request No.	(Indicate 1,2, 3 or 4)		

One-Way Trip Information					
Number of one-way elderly trips provided this period					
Number of one-way non-elderly handicapped trips provided this period					
Medical		Empl/Educ/Nutrition		Rec/Shopping	
The breakout above should equal the total number of one-way elderly and/or non-elderly handicapped trips reported					
Vehicles miles for this period					

Expense/Revenue Information (from page 2)		
A.	Total Operating Expenses This Report Period* (Total amount from Column 1 and 2 on lower section of page 2)	
B.	Amount of 100% Revenue Sources Applied to Expenditures (Total amount from "Other Revenues" sources column on page 2)	
C.	Total After 100% Revenues are Deducted (Amount represents Line A minus Line b above)	
D.	Total Federal, Local, State Funding Sources (Total amount from Federal / Local / State Funding source columns on page 2)	
E.	State Assistance Requested (MEHTAP Quarterly Allocation)	
		FOR MODOT USE ONLY \$ _____

*The following items are eligible operating expenses only (driver's salary, dispatcher's/scheduler's salary, fringes, fuel, oil, maintenance, insurance, registration and license fees, tires, purchase of service contract).

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Signature of Authorized Official

Date Request Submitted

Typed or Printed Name and Title

Telephone No. (Area Code & Extension)

FOR MODOT USE ONLY						
Fund	Org	Approp	Activity	Object	Job Number	Reporting Category
	6T11		R376	3406	TMO	M19

If you have any questions, please call (573) 526-5500. Mail request for reimbursement to
Missouri Department of Transportation, Attn. Transit, P.O. Box 270, Jefferson City, MO 65102.
(Over for Page 2)

IDENTIFICATION OF SOURCES AND AMOUNTS OF REQUIRED MATCH

Identification of Funding Sources for Operating Expenses*	Other Revenue	Federal	Local	State	MEHTAP
Total					

*Do not show any funding sources as being from your "general fund". All funding sources must be identified by their exact source. If funds are generated from sales or services rendered (for sheltered workshops), list that income as "Workshop Revenue".

<u>Column 1</u>	
Salaries	
Driver Salaries	
Dispatcher Salaries	
Mechanics Salaries	
Other Salaries	
Fringe Benefits	
FICA	
Vehicle Maintenance	
Volunteer Mileage Reimbursement	
Materials and Supplies	
Fuel	
Lubricants	
Tires and Tubes	
Other – Operational Costs	
Vehicle Insurance	
Subtotal (column 1)	

<u>Column 2</u>	
Taxes	
Vehicle Licensing and	
Registration	
Purchase of Service	
Cellular Service Fees	
Leases and Rental (vehicles)	
Subtotal (column 2)	
Subtotal (column 1)	
TOTAL (column 1 + 2)	

NOTE: If transportation expenses above are classified as “**Purchase of Service**”, invoices from the entity providing the transportation services must be submitted with reimbursement request.