

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

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

Invoice Information				
<b>Project Number</b>	TMEHTP21			
<b>Expense Period</b>	<b>From</b> (mm/dd/yy)		<b>To</b> (mm/dd/yy)	
<b>Payment Request No.</b> (Indicate 1, 2, 3 or 4)				

One-Way Trip Information				
<b>Number of one-way elderly trips provided this period</b>				
<b>Number of one-way non-elderly handicapped trips provided this period</b>				
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				
<b>Vehicles miles for this period</b>				

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)	
		<b>FOR MODOT USE ONLY</b>  \$ _____

\*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	M21

If you have any questions, please email [enjoli.dixon@modot.mo.gov](mailto:enjoli.dixon@modot.mo.gov) and  
cc: [joyce.lootens@modot.mo.gov](mailto:joyce.lootens@modot.mo.gov). 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><b>Column 1</b></u>	
<b>Salaries</b>	
Driver Salaries	
Dispatcher Salaries	
Mechanics Salaries	
Other Salaries	
<b>Fringe Benefits</b>	
FICA	
<b>Vehicle Maintenance</b>	
<b>Volunteer Mileage Reimbursement</b>	
<b>Materials and Supplies</b>	
Fuel	
Lubricants	
Tires and Tubes	
Other – Operational Costs	
<b>Vehicle Insurance</b>	
<b>Subtotal (column 1)</b>	

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

**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.