

**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	TMEHTP21			
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)	FOR MODOT USE ONLY
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)	

*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 and
cc: 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)

