

REQUEST FOR ASSISTANCE UNDER THE MISSOURI ELDERLY AND  
HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM  
**FINAL RIDERSHIP COUNT FORM**

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>	

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>					

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date Request Submitted**

\_\_\_\_\_  
**Typed or Printed Name and Title**

\_\_\_\_\_  
**Telephone No. (Area Code & Extension)**

If you have any questions, please call (573) 526-5500. Email final ridership counts to:  
Enjoli.Dixon@modot.mo.gov CC: motransit@modot.mo.gov with subject line

**MEHTAP FINAL RIDERSHIP COUNT**