



## MITIGATION PROJECT RECORD – TRAVEL

**AUTHORITY:** 1976 PA 390; **COMPLIANCE:** VOLUNTARY

I. GENERAL INFORMATION													
Subrecipient Name:	Project Number:					Select One: Subrecipient Project Expense In-Kind Contribution							
Location of Work:	Description of Work:					Time Period:                      Start Date                      End Date <span style="margin-left: 150px;">-</span>							
II. TRAVEL EXPENSE RECORD(S)													
Employee / Title	Dates of Travel Start                      End	Mileage Rate	Total Miles	Mileage Amt	Lodging Rate	# of Days	Lodging Amt	Meal Rate	# of Meals	Meal Amt	Other Amt	Other Desc.	Total
<b>TOTAL:</b>													

I certify that the above information was transcribed from timesheets, payroll records, equipment log invoices, stock records or other documents which are available for audit.	
<b>Subrecipient's Authorized Representative</b>	<b>MSP/EMHSD USE ONLY</b>
Signature:	This form has been reviewed and found correct with the exceptions as noted.  Reviewer Initials:

\*\* NOTE: ATTACH REQUIRED DOCUMENTATION FOR EACH TRAVEL LINE \*\*