



MITIGATION PROJECT RECORD – TRAVEL

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

I. GENERAL INFORMATION			
Subrecipient Name:	Contact Name:	Contact Phone:	Contact email:
Project Number:	Description of Work / Nature of Travel:	Page of (Submit as many pages as needed.)	
		Type: Reimbursable Expense In-Kind (Match)	

II. TRAVEL EXPENSE RECORD(S)												
Employee Name (Last, First)	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	Row Total
		-										
		-										
		-										
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		-										
		-										
TOTAL:												

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.			
Subrecipient's Authorized Representative		MSP/EMHSD USE ONLY	
Signature:	Date:	This form has been reviewed and found correct with the exceptions as noted.	
		Reviewer Initials:	Date:

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