

FY-2018 Oklahoma RTAP Scholarship Application

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

PROGRAM TO BE ATTENDED: _____

DATE: _____ LOCATION: _____

DATE AND TIME TRAVEL STARTED/ENDED: _____

What is your current position and how will your attendance at this program benefit your agency:

TRAINING EXPENSES	ESTIMATED	ACTUAL
Registration Fee		
Travel: Vehicle Mileage _____ X _____		
Airfare		
Ground Transportation (parking, taxi, shuttle, tolls)		
Lodging (including all fees) \$ _____ x _____ nights		
Meal Per Diem		
Miscellaneous Fees (please describe below):		
Total		

Within 45 days after attendance, submit all receipts for reimbursement processing. If receipts are not received during this time period, reimbursement will not be made.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Authorized Employer Name: _____ Title: _____

Authorized Employer Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Received: _____ Scholarship #: _____

___ Approved ___ Denied By: _____ Date: _____

Reimbursement Approved By: _____ Date: _____

Reimbursed Amount: _____ Job Piece: _____ Fund: _____

Encumbrance: _____ Invoice: _____ Account: _____