RTAP Pre-approval Request

Name of Agency:	
Grant Program: Agency Contact and Title: Agency Address:	☐ 5311 ☐ 5310
Phone: E-mail:	FAX:
Name and Title of person attending: Name of Training / Event:	
Date of Event:	
Registration Fee \$:	
Estimated Lodging \$:	
# of Miles Round Trip:	
Mileage \$:	
Estimated Meals \$:	
Training Materials \$:	
Estimated Other Transportation \$:	
TOTAL ESTIMATED EXPENSE \$:	
By signing this form I certify that the information is a reasonable estimate of eligible expenses in accordance with the RTAP policy.	
Grantee Authorized Signature: Date:	

• Submit this form with a copy of the event agenda and a travel map (if using

ground transportation) via email to: RTAP@azdot.gov