

## BUSINESS DEVELOPMENT DIVISION DBE EDUCATIONAL/TRAINING PROGRAM REIMBURSEMENT REQUEST

This information is required by authority of 23 CFR 230.

**INSTRUCTIONS:** This reimbursement request must be accompanied by supporting receipts/invoices and related documentation (i.e., satisfactory completion evidence) within 30 days after completion of the education/training activity. No reimbursement will be made if the request is submitted after 90 days from training date. Return completed form to Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, MI 48909. If you need assistance in completing this application, please contact us at (866) 323-1264.

**NOTE: Submission of this form does not guarantee reimbursement though the Educational/Training program. MDOT reserves the right to cancel this program at any time.**

NAME OF FIRM		FEDERAL I.D. NUMBER	
ADDRESS	CITY	STATE	ZIP
APPLICANT IS (Check all that apply)		OWNER	EMPLOYEE-Years Employed _____ Full-Time Employee

THIS REQUEST IS FOR:	NAME OF APPLICANT		
ATTENDING	EVENT	CITY	STATE ZIP
DATES	FROM:	TO:	

NAME OF EDUCATION/TRAINING PROVIDER			
PROVIDER'S ADDRESS	CITY	STATE	ZIP

### EDUCATION/TRAINING PROGRAM INFORMATION

CHECK THE BOX THAT BEST DESCRIBES THE EDUCATION/TRAINING PROGRAM

Computer Related     
  Human Resources     
  Financial Management     
  Business Management  
 Conference     
 Other: \_\_\_\_\_

TITLE AND DESCRIPTION OF EDUCATION/TRAINING	SUMMARY OF EXPENSES	
	<b>Lodging and travel rates per State of Michigan standardized travel regulations.</b>	
	REGISTRATION FEES	\$
	BOOKS/MATERIALS	\$
	LODGING (Per night) \$ _____ X _____ Nights	\$
	TRAVEL Miles _____ X \$ _____	\$
	<b>ESTIMATED TOTAL COST</b>	<b>\$</b>

APPLICANT (Signature)	BUSINESS TELEPHONE	DATE
DBE AUTHORIZED SIGNATURE AND TITLE	BUSINESS TELEPHONE	DATE

### MDOT USE ONLY

**APPROVED AMOUNT: \$**

REVIEWER (Signature)	DATE
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