

ON-THE-JOB TRAINING (OJT) PROGRAM TRAINING OR EVENT REIMBURSEMENT

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 or event. No reimbursement will be made if the request is submitted after 90 days from training or event date.

Return completed form to Michigan Department of Transportation, Office of Business Development, P.O. Box 30050, Lansing, MI 48909 or Email to MDOT-OJT@michigan.gov. 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 On-the-Job Training program. MDOT reserves the right to cancel this program at any time.

Your payment is subject to offset by the State of Michigan if you have a liability obligation with the state. (For example, 3rd party garnishments, levy or child support orders)

TRAINEE NAME		CONTRACTOR NAME			
TRAINEE ADDRESS		CITY	STATE	ZIP	PHONE NO.
EVENT NAME		CITY	STATE	ZIP	EVENT DATE(S)
NAME OF EDUCATION/TRAINING OR EVENT PROVIDER					
EDUCATION/TRAINING PROGRAM OR EVENT INFORMATION					
CHECK THE BOX THAT BEST DESCRIBES THE EDUCATION/TRAINING PROGRAM OR EVENT					
Conference	Graduation	Summit/Training	Other: _____		
SUMMARY OF EXPENSES Lodging and travel rates per State of Michigan standardized travel regulations.					
REGISTRATION FEES					\$
LODGING (per night) \$ _____ X _____ Nights					\$
TRAVEL Miles _____ X _____ Rate					\$
ESTIMATED TOTAL COST(S)					\$
APPLICANT SIGNATURE (e-signature acceptable)					DATE

THIS SECTION FOR MDOT USE ONLY		
MDOT AUTHORIZED SIGNATURE AND TITLE		DATE
		APPROVED AMOUNT: \$
MDOT REVIEWER APPROVAL SIGNATURE		DATE