NOWCC National Older Worker Career Center

Enrollee Travel Expense Statement

Submit Statement Within 30 Days From Last Day of Travel

I. IDENTIFICATION

Enrollee Name _____ Street Address _____ Enrollee Office Phone # _____ Ext. # _____

Six Digit Project # _____ City, State & Zip Code _____ ☐ Mail ☐ Direct Deposit

II. PURPOSE OF TRAVEL

IIIa. TRAVEL INFORMATION (For continuous travel of more than twelve (12) hours, but less than twenty-four (24) hours with no lodging required)

Date & Time Departed		Destination (City, State)	Date & Time Returned		M&IE Rate	75% M&IE	Pers. Transp.	Rental Car	Other Item	Code	Other Item	Code	Totals
													-

IIIb. TRAVEL INFORMATION (Travel with overnight stay)

A. Date	B. Destination	C. Lodging & Meals				D. Transportation		E. Other Items						F. Totals
	City, State	Allowable Lodging *	Actual Lodging	M&IE Rate	Allowable M&IE Amt	Personal **	Rental Car	Amount	Code	Amount	Code	Amount	Code	
IV. TOTAL EXPENSES														

V. CODES: 1. Taxi 2. Phone 3. Airline ticket purchased by enrollee
4. Tolls 5. Parking 6. Room taxes 7. Supplies 8. Gas

*Monitor's justification must be attached for lodging expenses up to 150% of Per Diem rate.

VI. REIMBURSEMENT:

Less amount of travel advance	$ -
Amount of Reimbursement to Traveler	$ -
Amount of Reimbursement to NOWCC	

VII. REMARKS

** Show total # of personal miles (POV) _____

VIII. APPROVALS

I CERTIFY THAT THE AMOUNTS CLAIMED AND ATTACHED RECEIPTS REPRESENT NECESSARY EXPENSES INCURRED BY ME WHILE ENGAGED IN NOWCC BUSINESS

Enrollee Signature _____ Date _____

Agency Authorized Signature _____ Date _____

Agency Authorized Signatory Name (Please print) _____

Accounting Use Only

Amount: _____ Invoice #: _____ Account #: _____

Direct Deposit: ☐Yes ☐No

Acct'g Approval: _____ Date: _____