NOWCC National Older Worker Career Center

Enrollee Local Travel* & Expendable Supplies Expense Statement

Submit Statement Within 30 Days From Last Day of Travel

* Travel less than 12 hours.

I. IDENTIFICATION

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

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

II. TRAVEL EXPENSES

Date	Purpose	From	To	No. of Miles

Total No. of Miles	
Approved Rate per Mile	
Total Amount for Mileage	

III. MISC. ITEMS (For supplies with an item cost of $50 or more, letter of pre-approval from monitor must be attached)

	Amount
Total Misc. Items	

IV. TOTAL EXPENSES

Add Total Amount for Mileage and Total Misc. Items

V. APPROVALS

Certification:

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: _____