

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: _____