

# 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						VI. REIMBURSEMENT: Less amount of travel advance Amount of Reimbursement to Traveler Amount of Reimbursement to NOWCC								
*Monitor's justification must be attached for lodging expenses up to 300% of Per Diem rate.														
VII. REMARKS						VIII. APPROVALS								
** Show total # of personal miles (POV) _____						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: _____			_____								