

NOWCC Enrollee Travel Expense Statement

I. Identification

A. _____
 Name of Traveler _____ Office Phone Number _____

_____ **B.** _____
 Project Number _____ Name of Project _____

_____ **C.** _____
 Date of Statement _____ Transaction Number _____

II. Purpose of Travel

III. Travel Time													Travel Expenses					VIII.									
A. Departure				B. Points of Travel				C. Arrival					A. Lodging		B. Calendar Day	C. M&IE Rate	D. Daily M&IE Allowance	A. Lodging	B. Meals	A. Personal	B. Rental	Other Items	COC	Totals			
Date	Time	A	P	From	To	Date	Time	A	P	Allow.	Actual	Day	Rate	Allowance													
XII. Remarks										IX Subtotals		\$	\$		\$	\$	\$	\$	\$	\$	\$	\$	X.				
XI. Reimbursement Forward check to: _____										<input type="checkbox"/> A. Amount of Travel Advance					\$	<input type="checkbox"/> B. Amount of Reimbursement to Traveler (enter name and address at left)					\$	<input type="checkbox"/> C. Amount of Reimbursement to Grant Project					\$

XIII. Certification and Approvals

A. Certification: I certify that this statement, the amounts claimed, and attached receipts represent necessary expenses incurred by me while engaged in NOWCC business.

Traveler's Signature _____

B. Approvals Name/Title _____ Date _____

Name/Title _____ Date _____

Name/Title _____ Date _____

Account Use Only:
 Cost Center No. _____ Account No. _____
 Account Description _____ Check No. _____ Check Date _____
 Progress Date _____ Int. _____