NATIONAL OLDER WORKER CAREER CENTER Enrollee Local Travel Expense Statement

Enrollee Local Travel Expense Statement							
I. IDENT	IFICATION:						
A. Travelers Name		B. Reimbursement Verification:				C. Date:	
Project Name		Street Address					
Project Number		City. State			D. Status:		
Enrollee Office Phone		ZIP Code					
II. TRAV	EL EXPENSES:						1
Date	Purpose	From		ТО	No. of Miles	Other Items of Expense	\$ Amount
III. MILEAGE COMPUTATION: (1) Enter Approved Rate per Mile \$0 x) Total Number of Miles ⁼		(3) SUBTOTAL =	\$
IV. TOTAL EXPENSES: (Submit Statement Within 30 Days Fr				om Date of Latest Expense Entry)			\$
V. APPROVALS:				ACCOUNTING USE ONLY:			
A. Certification: I CERTIFY THAT THIS STATEMENT, THE AMOUNTS CLAIMED AND ATTACHED RECEIPTS REPRESENT NECESSARY EXPENSES INCURRED BY ME WHILE ENGAGED IN NOWCC BUSINESS.				Cost Center No			
				Account No			
				Account Description			
Traveler's Signature Date							
B. Approvals:				Check NoCheck Date			
				Progress DateInt			

Approving Official's Signature Headquarters' Signature

Date

Dale

NOWCC TR-110 REV(10-97)