



Enrollee Travel Expense Statement

Submit Statement Within 30 Days From Last Day of Travel

I. IDENTIFICATION

Enrollee Name (Legal Name)	Street Address	Enrollee Office Phone #	Ext. #
Project #	City, State & Zip Code	Mail	Direct Deposit

II. PURPOSE OF TRAVEL

IIa. 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 <small>City, State</small>	C. Lodging & Meals				D. Transportation		E. Other Items				F. Totals		
		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 NEW Solutions
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*Monitor's justification must be attached for lodging expenses up to 300% of Per Diem rate.

VII. REMARKS

** Show total # of personal miles (POV) _____

VIII. APPROVALS

I CERTIFY THAT THE AMOUNTS CLAIMED AND ATTACHED RECEIPTS REPRESENT NECESSARY EXPENSES INCURRED BY ME WHILE ENGAGED IN NEW SOLUTIONS 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: _____