

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 (Legal Name)		Street A	ddress City, State &	Enrollee Office Phone #	Ext. #
Project #		Zip Code	9	Mail Direct Deposit	
II TOANEL E	(DENIOE)				
II. TRAVEL E	KPENSES Purpose		From	То	No. of Miles
Date	ruipose		110111	10	No. of Miles
				Total No. o	f Miles
				Approved Rate p	er Mile
				Total Amount for M	1ileage
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					ems
V. APPROVA	LS				
Certifica	tion: THE AMOUNTS CLAIMED AND ATTACH	ED RECEIPTS REPRESE	ENT NECESSARY EXPENSES INCURRED BY M	IE WHILE ENGAGED IN NEW SOLUTIONS BUSINESS	
Enrollee Signature Date					
Agency Authorized Signature Date					
Agency Aut	horized Signatory Name (Plea	se print)			
Accounting U	se Only				
Amount:		Invoice#:	A	.ccount #:	
Direct Deposit:	Yes No				
Acct'g Approval: Date:					