

Workforce Development Board Mid-Ohio Valley

Travel Expense Statement

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Purpose of Travel: _____

Date	Starting Point	Destination	Miles	x Rate =	Amount	Meals	Lodging	Other*	Total
				0.655					
				0.655					
				0.655					
				0.655					
				0.655					
				0.655					
				0.655					
				0.655					
				0.655					
Total:									

***Please itemize “other” costs here:**

Date	Description	Amount

I certify these costs, incurred in connection with my duties under the Workforce Innovation and Opportunity Act, are true, accurate, and actual, and do not reflect any costs or expenses reimbursed, or to be reimbursed, from any other source.

Traveler's Signature Date

Approval Signature Date