



Trade Adjustment Assistance Payment Form

APPLICANT IDENTIFICATION

WORKER NAME (Last, First, Middle) & Address	STATE IDENTIFICATION NO.	LO. NO.	DATE OF PROCESSING
	PETITION NO.	PAYING STATE COST CENTER NO. 71313000	

RECORD OF EXPENSE

* MEALS				
DATE	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

* LODGING		
DATE	NAME OF HOTEL/MOTEL	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____

* ATTACH RECEIPTS

a. Job search allowance is approved for advance payment or reimbursement of the following costs:

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	EST. COST	ACTUAL COST	AMOUNT REIMBURSED (90%)
TRAVEL EXPENSE			
COMMERCIAL CARRIER	\$ _____	\$ _____	\$ _____
PRIVATELY OWNED AUTOMOBILE (Number miles for 90%)	\$ _____	\$ _____	\$ _____
LODGING & MEALS (PER DIEM)			
90% OF ACTUAL PER DIEM COSTS OR	\$ _____	\$ _____	\$ _____
90% OF THE 50% AUTHORIZED BY FEDERAL TRAVEL REGULATIONS WHICHEVER IS LESSER	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

(Amount Reimbursed may not exceed \$1,250.00)

b. Job search allowance is denied for the following reason(s): _____

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TAA COORDINATOR/MERIT STAFF SIGNATURE	TITLE	DATE
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c. APPEAL RIGHTS

If you disagree with this determination, you have the right to appeal or request a re-consideration; however, your appeal rights expire fifteen days from the date this determination is mailed or delivered. You may file an appeal by letter or personal visit to the office where you filed your application for trade readjustment allowances.