TN Department of Labor & Workforce Development

Trade Adjustment Assistance Job Search 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 MOTEL	AMOUNT
_____	_____	$_____
_____	_____	$_____

*ATTACH RECEIPTS

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

	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): _____

_____

TAA COORDINATOR/MERIT STAFF SIGNATURE	TITLE	DATE

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.