

THE POGIL PROJECT
EXPENSE REIMBURSEMENT FORM

The following are my reimbursable expenses for _____ in _____
on _____ meeting/event _____ city, state
date(s)

Mileage – Total number of miles driven, using your personal vehicle _____ miles

Mileage Expense – 70 cents/mile, \$300 maximum \$_____

Tolls – Please provide receipt(s) \$_____

Parking – Please provide receipt(s) \$_____

Airfare – Please provide receipt(s) \$_____

Baggage – Please provide receipt(s) \$_____

Ground Transport – Please provide receipt(s) \$_____

In-transit Meals- Please provide receipts (s), No Alcohol \$_____

Total Amount of Enclosed Receipts \$_____

The information that I have provided above is complete and accurate, to the best of my knowledge.

(Signature)

(Date)

Send reimbursement to: Name_____

Address_____

Email: _____

**Please email this form with scanned receipts to your Event Coordinator or mail to:
The POGIL Project, Attention: Your Event Coordinator, P.O. Box 3003, Lancaster, PA 17604-3003**

All expense reimbursement forms and receipts are due within 3 weeks from the end of travel.

Internal use only:
Reviewed by Event Coordinator: _____

Approved by Associate Director: _____
(if over \$300)

Paid by Accounts Payable: _____