

**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 – 67 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.**

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| <p><b>Internal use only:</b><br/><b>Reviewed by Event Coordinator:</b> _____</p> <p><b>Approved by Associate Director:</b> _____<br/>(if over \$300)</p> <p><b>Paid by Accounts Payable:</b> _____</p> |
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