

**THE POGIL PROJECT**  
**EXPENSE REIMBURSEMENT FORM**  
**2024 POGIL National Meeting**

(Complete this form only if POGIL is supporting your travel to the PNM.)

The following are my reimbursable expenses for the [POGIL National Meeting](#) at Washington University in St. Louis, June 22-25, 2024.

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) \$ \_\_\_\_\_

Airport Food- Please provide receipts (s) No Alcohol \$ \_\_\_\_\_

**Total Amount of Enclosed Receipts** \$ \_\_\_\_\_

The above listed expenses are accurate and complete, to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Send reimbursement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**Please submit this form with receipts no later than [July 12, 2024](#) to:**  
The POGIL Project, Attention: **Julie Boldizar**, P.O. Box 3003, Lancaster, PA 17604-3003

OR Scan and email to [julie.boldizar@pogil.org](mailto:julie.boldizar@pogil.org)

Internal use only:

Reviewed by Event Coordinator: \_\_\_\_\_

Paid by Accounts Payable: \_\_\_\_\_