

THE POGIL PROJECT EXPENSE REIMBURSEMENT FORM

Attached are my original receipts from the _____ attended
(Event Name)

at _____ on _____.
(Event Location) (Date)

My expenses were as follows:

Flight	\$ _____
Airport Parking	\$ _____
Meals (itemized receipts – no alcohol)	\$ _____
Car rental	\$ _____
Gas (paid for rental cars only)	\$ _____
Lodging	\$ _____
Transportation (tolls, cab, etc)	\$ _____

TOTAL \$ _____

Mileage – Indicate the total number of miles driven, using your personal vehicle: _____

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

(Signature)

(Date)

Send reimbursement to:

Name _____

Address _____

Email: _____

Please attach original receipts and one copy of each receipt to this signed and dated form. Please mail all items to:

Nancy Keebler
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