



THE POGIL PROJECT EXPENSE REIMBURSEMENT FORM
Regional Workshop

The following are my reimbursable expenses for the _____ (Event Name) attended at
_____ (Location) on _____ (Dates).

Airfare – Please provide original receipt(s) \$ _____
(must receive POGIL Project approval for fares more than \$350)

Baggage – Please provide original receipt(s) \$ _____
(please pay ahead of time for entire trip if possible)

Ground Transportation – Please provide original receipt(s) \$ _____
(if possible, please pay round trip ground transportation ahead of time)

Mileage – Indicate the total number of miles driven, using your personal vehicle:
Mileage will be reimbursed at 54 cents per mile up to \$225: _____ miles x .55 \$ _____

Tolls – Please provide original receipt(s) \$ _____

Airport Parking – Please provide original receipt(s) \$ _____

Costs in transit
Food – Please provide original receipt(s) \$ _____
(Note: alcoholic beverages are not reimbursable. Costs will be reimbursed up to \$50 per person.)

Stipend (for office use only) \$ _____

Total \$ _____

Additional receipts forthcoming ☐ Yes ☐ No

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

(Signature)

(Date)

Send reimbursement to:

Name _____
Address _____
City, State, Zip _____
Email: _____

Please submit this form and all appropriate receipts AT THE CONCLUSION OF YOUR REGIONAL WORKSHOP to your Coordinating Facilitator _____

For reimbursement of additional receipts incurred on your return trip, please mail those to your event planner with 10 days following the workshop. Indicate what type of expenses you will be submitting.

Coordinating Facilitators: Sign below and submit this form along with all original receipts and a final amount you have approved for reimbursement to: YOUR EVENT PLANNER, The POGIL Project, Box 3003, Lancaster PA 17604-3003.

Amount approved for reimbursement: \$ _____ Signature _____

Internal Use Only: Reviewed by Event Planner _____ Paid by The POGIL Project on _____