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BRYN MAWR COLLEGE
TRANSPORTATION EXPENSE REIMBURSEMENT REPORT
FOR ***PRAXIS STUDENTS***

SECTION I: Payee Information

Name of Student Volunteer: _____

Bryn Mawr College ID #: _____ Telephone Number: _____ E-Mail: _____

Budget Number: **Praxis Program 1-52650-00288-99999**

Praxis Course: _____

*Praxis students receive reimbursement for **100 %** of travel expenses to and from their field sites. Please describe the type of transportation expense, ie. train/bus/subway/tolls/parking lot/metered parking. If traveling by personal car, record number of miles driven and calculate the cost at $ .40.5 per mile. ATTACH ALL RECEIPTS!!*

Date	Name of Organization	Location: Address, City, & State	Description of Travel Expenses	Mileage (# of miles)	Cost
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$

TOTAL: $_____

SECTION II: Distribution

DEADLINES for submitting requests for transportation reimbursement for the academic year 2005-2006 are:
FALL SEMESTER: October 21, 2005 & December 16, 2005 **SPRING SEMESTER**: March 17, 2006 & May 12, 2006
Students enrolled in direct deposit through the College will see their reimbursement reflected in their next statement. Students who are not enrolled in direct deposit will receive a check. Checks are mailed from the BMC Comptroller's Office and are distributed through either campus or US mail, depending on the address provided by the student.

Campus Mail Box #: _____ OR US Mail Address: _____

SECTION III: Certification and Authorization

We certify the following:
1. I have completed and turned in a Praxis Fieldwork Agreement to the Praxis Program.
2. I incurred the above expenses as a student currently enrolled in a Praxis class at Bryn Mawr College. The reported travel expenses are substantiated by the attached, original, itemized receipts which indicate method of travel and amount of payment.
3. No portion of the claimed travel expenses has or will be reimbursed from other sources.
4. Expenses adhere to the College's travel policy and guidelines. Exceptions to the policy have been approved for the following reason(s) as described below:

_____

Payee's/Traveler's Signature: _____ Date: _____

Authorizing Signature: _____ Date: _____

(Questions? Contact Ellie Esmond, eesmond@brynmawr.edu or 610-526-7320)