FOR PRAXIS STUDENTS

Name of Student Volunteer: ________________________________________ Campus Mail Box #: _____
Bryn Mawr College ID #: __________ Telephone Number: ______________  E-Mail: ________________
Praxis Course: ________________________________________________________________________
Praxis Coordinator:_______________________________________________________________________

Praxis students are eligible for reimbursement of 100% of travel expenses between campus and their field sites.
The maximum amount of transportation reimbursement a student may receive per semester is $416.00.

SEE FALL 2021 PRAXIS DEADLINES ON THE REVERSE SIDE OF THIS FORM

FOR TRAVEL ON PUBLIC TRANSPORTATION, USE TABLE 1, BELOW:
Itemize each portion of your trip on a separate line. Attach all receipts. Only request reimbursement for trips that have already been taken. For example, if you purchase a 10-trip ticket pack and only use 4 tickets during this reimbursement cycle, you may only request reimbursement for those 4 tickets. You may request reimbursement for the remaining tickets as you use them in future reimbursement cycles.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Field Site</th>
<th>Field Site Location: Address, City, &amp; State</th>
<th>Method of Public Transportation (Train, Bus, Trolley, etc.)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL REIMBURSEMENT REQUEST FOR TABLE 1: $_______

FOR TRAVEL IN PERSONAL VEHICLE OR RIDESHARE SERVICE, USE TABLE 2, BELOW:
*Civic Engagement uses the IRS Standard Mileage Rate of .575 cents per mile to reimburse students traveling by personal vehicle or rideshare. For each trip, record the number of miles traveled and then multiply that number by .575 to calculate your reimbursement rate for that trip. Rideshare trips are eligible for reimbursement for mileage only, not for the full amount charged for a trip. For rideshare trips, include full trip receipts. For trips in personal vehicle, include a map of your route.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Field Site</th>
<th>Field Site Location: Address, City, &amp; State</th>
<th>Method of Transportation: (Personal vehicle or Rideshare Service)</th>
<th>Mileage Between campus and field site</th>
<th>Multiply the trip’s mileage by .575 to calculate your reimbursement rate:*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL REIMBURSEMENT REQUEST FOR TABLE 2: $_______

Total from Table 1: $_______ plus total from Table 2: $_______ = Total request amount: $_______

You must read and sign the reverse side of this form to complete your reimbursement request.
FOR PRAXIS STUDENTS

Name of Student Volunteer: ________________________________________

Check here if you have direct deposit: _____

If you do not have direct deposit, provide: Campus Mail Box #: _________________ OR

US Mail Address: ______________________________________________________________________________________

I 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: ________________

DEADLINES FOR FALL 2021

Email form and receipts to
srobertso1@brynmawr.edu by: Payment Issued:

September 21, 2021 by Noon          October 4, 2021
October 19, 2021 by Noon           November 1, 2021
November 17, 2021 by Noon          December 6, 2021
December 14, 2021 by Noon          January 4, 2022

Questions about Praxis travel reimbursement? See our policies here:
https://www.brynmawr.edu/career-civic/student-funding-and-resources/transportation-reimbursement
Still have questions? Email Nell Anderson at nanderso@brynmawr.edu