### FOR COMMUNITY BASED WORK STUDY STUDENTS

Name of	Student:	Campus Mail Box #:					
Bryn Mawr College ID #:		Tele	phone Number:_		E-Mail:		_
	ork Site:						_
	pervisor:						- -
	CBWS students are e The maximum a	_			•	een campus and the live per semester is	
	S	EE MONTHL	Y DEADLINES ON	I THE REVERSE SI	DE OF THIS FO	RM	
FOR TRAY	VEL ON PUBLIC TRAN	SPORTATION	I, USE TABLE 1, E	BELOW:			
Itemize e	each portion of your to nt with CBWS trips hig	rip on a sepa			cessary. Attacl	n all receipts or you	ır Septa KeyCard
<u>Date</u>	Name of Organization		Organization Location: Address, City, & State		Method of Public Transportat		ion <u>Cost</u>
			<u>Address, (</u>	Lity, & State	(Train,	Bus, Trolley, etc.)	
							\$
							\$
							\$
							\$
							\$
*Civic En rideshare rate for t	e. For each trip, recor	RS Standard I d the number ips are eligib	Mileage Rate of a er of miles travel le for reimburse	E, USE TABLE 2, E 67 cents per mil ed and then mul ment for mileage	SELOW: e to reimburse tiply that numl only, not for t	per by .67 to calcula	1: \$by personal vehicle or ate your reimbursement rged for a trip. For rideshar
Date	Name of Organiza		tion Location:	Method of Transportation:		<u>Mileage</u>	Multiply the trip's
	<u>Organization</u>	Address	City, & State	(Personal vehicle or		<u>Between</u>	mileage by .67 to
				Rideshare	Service)	campus and	<u>calculate your</u>
						<u>Organization</u>	reimbursement rate:*
							\$
							\$
							\$
							\$
						ENT REQUEST FOR T	ΓABLE 2: \$
	Total from Table 1	: Ş pl	us total from Ta	ble 2: \$= T	otal request a	mount: \$	

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

# CAREER & CIVIC ENGAGEMENT CENTER TRANSPORTATION EXPENSE REIMBURSEMENT REPORT

# FOR COMMUNITY BASED WORK STUDY STUDENTS

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 incurred the above expenses as a student currently participating in the	e Community Based Work Study Program at Bryn Mawr
College. The reported travel expenses are substantiated by the attached, or	original, itemized receipts which indicate method of trave
and amount of payment.	
2. No portion of the claimed travel expenses has or will be reimbursed fro	om other sources.
3. Expenses adhere to the College's travel policy and guidelines. Exception	ns to the policy have been approved for the following

## **DEADLINES FOR SPRING 2024**

Payee's/Traveler's Signature:\_\_\_\_\_\_ Date:

Email form and receipts to <a href="mailto:srobertso1@brynmawr.edu">srobertso1@brynmawr.edu</a> by:

reason(s) as described below:

Name of Student:

January 24, 2024 by Noon February 21, 2024 by Noon March 20, 2024 by Noon April 24, 2024 by Noon \*\*\*May 8, 2024 by Noon **Payment Issued:** 

February 5, 2024 March 4, 2024 April 1, 2024 May 6, 2024 June 3, 2024

### \*\*Note for May 8 reimbursement requests:

In order for the Controller's Office to comply with IRS regulations, students who are graduating or who are completing their post-bac program in May must submit a completed W9 to Civic Engagement with their May 8 transportation reimbursement request. The IRS W9 form is available online and is also linked on our transportation reimbursement webpage (see below).

\*\*Reimbursement requests will not be accepted after the May 8, 2024 Noon deadline.

Questions about CBWS travel reimbursement? See our policies here: <a href="https://www.brynmawr.edu/career-civic/student-funding-and-resources/transportation-reimbursement">https://www.brynmawr.edu/career-civic/student-funding-and-resources/transportation-reimbursement</a> Still have questions? Email us at cbws@brynmawr.edu