

-AmeriCorps Member Travel Reimbursement Request Form-

To receive reimbursement, you must submit this form and a copy of your travel receipt(s), where needed, within one (1) month of the expense date. Reimbursement may be given between your current club site and the location of travel.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, serving at the Boys & Girls Club in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Member’s Name

am requesting travel reimbursement for the following day \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_.

 Date of Travel

Please explain your reason for travel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please check one:**

I traveled by way of public transportation and my receipts are included.

I used my personal vehicle.

|  |  |  |
| --- | --- | --- |
| Miles from Club site to location | Miles from location to Club site  | Total Trip Miles |
|   |   |   |

Submit travel reimbursement form and receipts, where needed, by mail, fax or scan to:

 OR Fax: (973) 773-3103 OR Scan: scardoso@bgcnj.org

BGCNJ

Attn: Susan Cardoso

822 Clifton Ave

Clifton, NJ 07013

**Do not forget to send proof of receipts! If you use EZ Pass, submit your monthly billing statement.**

***Please do not write in this section. This section is to be completed by BGCNJ.***

Reimbursement form and attached receipt reviewed by Program Manager on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Approved Declined

\_\_\_\_\_Susan Cardoso\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 AmeriCorps Program Manager Signature