

**UNITED CEREBRAL PALSY of Central Pennsylvania, PaRC SUPPORT PROJECT**  
**PaRC TRAVEL REIMBURSEMENT FORM – (Revised 01/19)**

1. MEMBER NAME: \_\_\_\_\_

2. ADDRESS: **(where check is to be delivered)**

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

3. NAME OF MEETING/FUNCTION: \_\_\_\_\_

4. MEETING/FUNCTION DATE: \_\_\_\_\_

5. MEETING/FUNCTION LOCATION: \_\_\_\_\_

6. DATE AND TIME YOU LEFT HOME TO ATTEND MEETING/FUNCTION:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

7. DATE AND TIME YOU ARRIVED AT MEETING / FUNCTION:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

8. DATE AND TIME YOU ARRIVED HOME FOLLOWING MEETING / FUNCTION:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**Transportation Expenses**

1. **IF YOU TRAVELED BY AUTO**, how many **MILES** is it from your home to the station/airport or to the meeting site (one-way)? \_\_\_\_\_

2. **IF YOU TRAVELED BY AIR, RAIL, TAXI, ETC.**, what was the amount of your round-trip ticket? **(Necessary to include receipts or copies of vouchers)**

RAIL: \_\_\_\_\_ AIR: \_\_\_\_\_ TAXI: \_\_\_\_\_

BUS: \_\_\_\_\_ TOLLS: \_\_\_\_\_ PARKING: \_\_\_\_\_

**Attendant/Driver/Reader Expenses** - **(Each Attendant/Driver/Reader must fill out their own timesheet with required signature.)**

1. ATTENDANT's NAME: \_\_\_\_\_

# of hours: \_\_\_\_\_ (\$10.35/hour for a 24-hour period, not to exceed 14 hours.)

2. DRIVER's NAME: \_\_\_\_\_

# of hours: \_\_\_\_\_ (\$10.35/hour)

**CONTINUED ON BACK ...**

3. READER'S NAME: \_\_\_\_\_  
# of hours: \_\_\_\_\_ (\$10.35/hour)

**Meal Expenses – DETAILED/LEGIBLE RECEIPTS REQUIRED FOR EACH MEAL!**

**If no receipt** then member must complete the required BCPO-3302 form – Declaration of Missing Receipt – which can be found on the PaRC website. (Use same format on a separate piece of paper for additional days)

**DATE:** \_\_\_\_\_  
BREAKFAST: \_\_\_\_\_  
LUNCH: \_\_\_\_\_  
DINNER: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

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BREAKFAST: \_\_\_\_\_  
LUNCH: \_\_\_\_\_  
DINNER: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

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BREAKFAST: \_\_\_\_\_  
LUNCH: \_\_\_\_\_  
DINNER: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_  
BREAKFAST: \_\_\_\_\_  
LUNCH: \_\_\_\_\_  
DINNER: \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

**\*\*EACH PERSON CLAIMING EXPENSES SHOULD COMPLETE A TRAVEL REIMBURSEMENT FORM\*\***

**FOR STAFF USE ONLY:**

Total Miles: \_\_\_\_\_ x \$.58 = \_\_\_\_\_  
Total Meals: \_\_\_\_\_  
Total Attendant: \_\_\_\_\_  
Total Driver: \_\_\_\_\_  
Total Reader: \_\_\_\_\_  
Total Transportation Expenses (Tolls, etc.): \_\_\_\_\_  
Any Deductions: \_\_\_\_\_

**GRAND TOTAL DUE MEMBER:** \_\_\_\_\_

\_\_\_\_\_  
Member Signature (Required) / Date

\_\_\_\_\_  
PaRC Support Staff Signature (Required) / Date