

# PaRC MEMBER TRAVEL REIMBURSEMENT FORM

## United Cerebral Palsy of Central Pennsylvania, PaRC Support Project

MEMBER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(where check is to be delivered)

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

DATE LEFT HOME: \_\_\_\_\_

TIME LEFT HOME: \_\_\_\_\_

DATE ARRIVED AT EVENT: \_\_\_\_\_

TIME ARRIVED AT EVENT: \_\_\_\_\_

DATE RETURNED HOME: \_\_\_\_\_

TIME RETURNED HOME: \_\_\_\_\_

### TRANSPORTATION EXPENSES

Please include legible receipts or copies of vouchers

If traveling by, **AUTO**, please record the number of **MILES** from home/starting point to the station/airport or to the event site (**number of miles one-way**):

\_\_\_\_\_

If travelling by **AIR, BUS, RAIL, TAXI, UBER, etc.**, please list the transportation used and the cost of out-of-pocket round-trip ticket/service:

TRANSPORTATION SERVICE: \_\_\_\_\_

COST: \_\_\_\_\_

Please list total of out-of-pocket cost for **TOLLS** and **PARKING** if applicable:

TOLLS: \_\_\_\_\_

PARKING: \_\_\_\_\_

## MEMBER'S MEAL EXPENSES

### ITEMIZED/LEGIBLE RECEIPTS REQUIRED FOR EACH MEAL!

(If receipt is lost, please request, and complete the required BCPO-3302 Form (Declaration of Missing Receipt))

Please complete the table below using the rows to record daily expenses.

DATE	BREAKFAST	LUNCH	DINNER	TOTAL

## MEMBER'S ATTENDANT / DRIVER / READER EXPENSES

(Each Attendant / Driver / Reader must complete and sign their own timesheet with required signature.)

**ATTENDANT'S NAME:** \_\_\_\_\_

total # of hours: (\$15.00/hr. for a 24-hour period, not to exceed 14 hours) \_\_\_\_\_

total meal expense: \_\_\_\_\_ total round-trip miles if travelling by personal vehicle: \_\_\_\_\_

other transportation costs if applicable: \_\_\_\_\_

**DRIVER'S NAME:** \_\_\_\_\_

total # of hours: (\$15.00/hr.) \_\_\_\_\_

total meal expense: \_\_\_\_\_ total round-trip miles if travelling by personal vehicle: \_\_\_\_\_

other transportation costs if applicable: \_\_\_\_\_

**READER'S NAME:** \_\_\_\_\_

total # of hours: (\$15.00/hr.) \_\_\_\_\_

total meal expense: \_\_\_\_\_ total round-trip miles if travelling by personal vehicle: \_\_\_\_\_

other transportation costs if applicable: \_\_\_\_\_

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**FOR STAFF USE ONLY**

<b>EXPENSE</b>	<b>RATE</b>	<b>TOTAL</b>
Round Trip Miles	X \$.655/mile	
Other Transportation Service		
Tolls		
Parking		
Member Meals		
Attendant/Driver/Reader Meals		
Attendant Hours	X \$15.00/hr.	
Driver Hours	X \$15.00/hr.	
Reader Hours	X \$15.00/hr.	
Attendant/Reader Round Trip Miles	X \$.655/mile	
Attendant/Reader Other Transportation Expenses		
Incidentals		
<b>GRAND TOTAL PaRC MEMBER</b>		

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*Please note, the support project is required by its contract with OVR to follow Commonwealth guidelines and Labor & Industry procedures for travel expense reimbursements. Project Staff may adjust costs as needed to align accordingly.*

*All expenses will be included on one check made payable to the PaRC member. Members are responsible for payment / reimbursement to Attendant / Driver / Reader. Please contact PaRC Staff, if needed, for breakdown of final expenses.*

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**PaRC Member Signature (required)** **Date**

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**PaRC Support Staff Signature (required)** **Date**