

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: _____

FOR STAFF USE ONLY

EXPENSE	RATE	TOTAL
Round Trip Miles	X \$.67/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 \$.67/mile	
Attendant/Reader Other Transportation Expenses		
Incidentals		
GRAND TOTAL PaRC MEMBER		

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.

PaRC Member Signature (required) **Date**

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