

**Rita Allen Foundation Travel Expense Policy**

**Scholars Spring Program May 21–23, 2018**

The Rita Allen Foundation will reimburse Scholars for travel expenses associated with the Rita Allen Scholars Summer Program May 21–23, 2018.

*The Rita Allen Foundation will pay directly for lodging and parking at the Nassau Inn as well as group meals.*

**Other travel expenses will be reimbursed upon review and approval of applicable receipts.** The attachedTravel Reimbursement Request Form should be completed and sent, along with receipts notated with the nature of the expense (when not obvious), via e-mail to Kari Williams, Finance ([kwt@ritaallen.org](mailto:kwt@ritaallen.org)).

Reimbursable expenses include:

* Round trip coach/economy air or coach/economy rail transportation
* Round trip ground transportation to/from air or rail terminals
* Moderate meal expenses en route
* Mileage on your own vehicle (the Foundation ordinarily **does** **not** pay for rental car transportation, unless this is a more cost-effective option; for example, renting a car to drive a moderate distance to New Jersey rather than flying)
* Parking

**PLEASE SUBMIT ATTACHED FORM BY JULY 1, 2018**



**TRAVEL REIMBURSEMENT REQUEST FORM**

**Scholars Spring Program May 21–23, 2018**

***—Requests must be sent by July 1, 2018, to be eligible for reimbursement—***

|  |  |
| --- | --- |
| ***NAME (payee):*** |  |
| ***EMAIL:*** |  |

**MAILING ADDRESS TO WHICH CHECK SHOULD BE SENT:**

|  |
| --- |
|  |
|  |
|  |

**EXPENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***ITEM DESCRIPTION*** | **date** |  | **Receipt Must**  **Be Attached** | ***TOTAL*** |
|  |  |  |  | $ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***MILEAGE TO/FROM*** | **DATE** | **MILES** | **2018 IRS rate is 54.5 cents per mile** |  |
|  |  |  |  | $ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **EXPENSE TOTAL** | $ |

Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* I attest that the above expenses I incurred are true and correct to the best of my knowledge.

***Please return this form and all receipts to:*** *Kari Williams* [*kwt@ritaallen.org*](mailto:kwt@ritaallen.org)

*Finance*

*Rita Allen Foundation*

*92 Nassau Street, Third Floor Tel: 609-683-8010*

*Princeton, NJ 08542 Fax: 609-683-8025*