

# **Public Transportation Reimbursement Form**

**Reimbursement is for pre-approved service travel ONLY. CWS will be using the information Transportation Coordinators provide in your group's transportation worksheet to confirm if the service was approved**

*Direct Deposit:* If your request for reimbursement is approved, your payment will be sent via direct deposit (payment usually received in two weeks). If you do have direct deposit on file with the college, a check will be sent to your unit number mailbox unless you specify another address.

*CharlieCard:* We can only reimburse costs associated with receipts. If you have the receipt from adding money to your CharlieCard, submit this along with the detailed account of the dates and to/from for each use associated with volunteering **ONLY**.

**\*\*We strongly recommend that you get a CharlieCard and add value as needed keeping track of receipts.\*\***

- ☐ Your Full Name: \_\_\_\_\_
- ☐ Your Unit #: \_\_\_\_\_
- ☐ Your Banner ID#: \_\_\_\_\_
- ☐ The Program you Volunteered with: \_\_\_\_\_
- ☐ The Total Amount you are requesting in reimbursement: \$ \_\_\_\_\_
- ☐ Are you an international Student (check one)? :    YES    NO
- ☐ Budget (list in chart form) of the dates, transportation types, to and from and costs for each receipt
- ☐ **Original Receipts** attached on separate sheet. (PLEASE LIST YOUR NAME, UNIT #, BANNER ID, GROUP & SUBMISSION DATE ON RECEIPT PAGE)

DATE	Transportation Type	Destination	COST (w/Receipt backup)
Mon 9/9/13	Subway	Boston Rescue Mission	\$2.00
Mon 9/9/13	Subway	BRM - *Return to Campus*	\$2.00

➡ Completed forms are to be placed in the Quick Fix/Receipt Drop-Box outside of CWS library.

Reimbursement requests for all expenditures during the Fall semester must be received BEFORE the end of the Fall semester to be processed. ←

**\*\*PLEASE NOTE THAT ORIGINAL RECEIPTS ARE REQUIRED FOR ALL REIMBURSEMENT REQUESTS.\*\***

Your Full Name: \_\_\_\_\_

Your Unit #: \_\_\_\_\_

Your Banner ID#: \_\_\_\_\_

The Program you Volunteered with: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

***ORIGINAL RECEIPTS TAPED IN ORDER BY DATE BELOW (DO NOT OVERLAP RECEIPTS)***