FOR COMMUNITY BASED WORK STUDY STUDENTS

Name of Student:			Campus Mail Box #: Telephone Number:E-Mail:					
Bryn Mawr College ID #:T		Telep	hone Number:_		_E-Mail:			
CBWS Work Site:								
CBWS Supervisor:								
5 // // · · · · · · · · · · · · · · · ·		-		-	-	antage UPass Prog		
	n Mawr undergrad on pass, the SEPTA					d are eligible for a	free public	
•	at is not supported		_	•		to LIDace Drogram	CDMC students a	
	eimbursement of 1	•						
_	on reimbursement		•	•		rk sites. The maxin	iam amount of	
			.ш, гоосто рог	γ .				
	9	SEE MONTH	LY DEADLINES	ON THE REVER	SE SIDE OF TH	HIS FORM		
	<u>'EL ON PUBLIC TRAN</u>				A		5 1 K 6 1	
	ach portion of your t t with CBWS trips hi		irate line, using e	extra sheets if ne	ecessary. Attac	h all receipts or youi	Septa KeyCard	
Statemen	t with CBW3 trips in	gilligilieu.						
Date	Name of Organization		Organization Location:		Method of Public Transportat		on <u>Cost</u>	
				City, & State (Train,		Bus, Trolley, etc.)	us, Trolley, etc.)	
							\$	
							\$	
							\$	
							\$	
							\$	
	-1							
				TOTAL REIM	BURSEMENT R	EQUEST FOR TABLE	1: \$	
	/EL IN PERSONAL VE gagement uses the II			•		students traveling b	y norsonal vohislo	
_	are. For each trip, re		•	•		_	* *	
	ement rate for that t					,	,	
for a trip.	For rideshare trips,	include full tr	rip receipts. For	trips in personal	vehicle, includ	e a map of your rou	te.	
				1				
<u>Date</u>			tion Location:	Method of Transportation: (Personal vehicle or		<u>Mileage</u>	Multiply the trip	
	<u>Organization</u>	<u>Address,</u>	City, & State	Rideshare		Between campus and	mileage by .67 calculate you	
				Macsilare	. Service)	Organization	reimbursement ra	
							\$	
							\$	
							\$	
							\$	
							\$	
				TOTAL	DEINADUIDCENA		ADI 5 2	
				TOTAL	KEIMBURSEMI	ENT REQUEST FOR TA	ABLE 2: \$	
	Total from Table 1	l:\$ nl	us total from Ta	ble 2: \$ = T	otal request a	mount: \$		
		rP.						

You must read and sign the reverse side of this form to complete your reimbursement request.

CAREER & CIVIC ENGAGEMENT CENTER TRANSPORTATION EXPENSE REIMBURSEMENT REPORT

FOR COMMUNITY BASED WORK STUDY STUDENTS

Name of Student:	
Check here if you have direct deposit:	
If you do not have direct deposit, provide: Campus Mail Box	c#:OR
US Mail Address:	
College. The reported travel expenses are substantiated by t and amount of payment. 2. No portion of the claimed travel expenses has or will be r	icipating in the Community Based Work Study Program at Bryn Mawr he attached, original, itemized receipts which indicate method of travel eimbursed from other sources. nes. Exceptions to the policy have been approved for the following
Payee's/Traveler's Signature:	Date:

DEADLINES FOR SPRING 2025

Email form and receipts to srobertso1@brynmawr.edu by:

Payment Issued:

February 12, 2025 by Noon

March 19, 2025 by Noon

April 16, 2025 by Noon

**May 14, 2025 by Noon

March 3, 2025

April 7, 2025

May 5, 2025

June 2, 2025

**Note for May 14 reimbursement requests:

In order for the Controller's Office to comply with IRS regulations, students who are graduating or who are completing their post-bac program in May must submit a completed W9 to Civic Engagement with their May 8 transportation reimbursement request. The IRS W9 form is available online and is also linked on our transportation reimbursement webpage (see below).

**Reimbursement requests will not be accepted after the May 14, 2025 Noon deadline.

https://www.brynmawr.edu/inside/offices-services/career-civic-engagement-center/fundingopportunities/funding-academic-year-opportunities