

SEMINARIAN REIMBURSEMENT FORM

Travel:

Mileage _____ per mile
Total miles _____ **50110-2001-661** \$ _____

List Dates/Destinations/Mileage for each trip:

Tolls: **50860-2001-661** \$ _____

Air Fare: **50860-2001-661** \$ _____

Books: **50780-2001-661** \$ _____

Medical: **51370-2001-661** \$ _____

Other Fees:
(Please specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL \$ _____

Approved by

Seminarian Signature

Address you would like the check to be mailed:

Print name

Address

City State Zip

Date

Please accompany this request with appropriate receipts. Tape all small receipts to an 8 ½ X 11 sheet of paper (making sure they are all facing in the same direction!) before submitting them for payment.

If there is a special need for additional funds, please give reasons below.

Please return to: Rachel Daigle, Office for Seminarians, 510 Ocean Ave, Portland, ME 04103-4936