

Name:

Travel Reimbursement Form



Thank you for your participation in ACNJ's Strolling Thunder event, please complete the information below to be reimbursed for your travel. **Please return this form by June 17, 2019**.

| Street Address: | | |
|---|---|----|
| City, State, ZIP Code: | | |
| Phone: e-ma | ail: | |
| | | |
| Traveling by Car | | |
| Traveling by Car Mileage Reimbursement | # of miles traveled (roundtrip | |
| Starting Address Check if same as mailing address | to Trenton, NJ 08608 and back) | |
| | X \$0.58 | |
| | | \$ |
| Tolls (total round trip) | | \$ |
| Parking (attach receipt) | | \$ |
| | | |
| | | |
| Traveling by Public Transportation | | |
| If you are taking public transportation to the Strolling Thu | under event inlease fill in the information helow | |
| ACNJ will only cover cabs, Uber and Lyft rides within a 10 mile radius of Trenton. You must provide a | | |
| receipt for all forms of public transportation in order to be reimbursed. | | |
| Price of train or bus ride (please attach receipt) | | \$ |
| Price of Taxi (please attach receipt of yellow cab ride/ Uber/Lyft/Other ride) | | \$ |
| | | \$ |
| | | \$ |
| | Grand Total | Ş |
| | | |
| | | |
| signing below, I certify that all information Please return form and receipts to | | o: |
| entered is correct. I understand that after I submit | · | |
| this form, I cannot make any changes to my information. | Advocates for Children of New Jersey | / |
| | 35 Halsey Street | |
| | Newark, NJ 07102 | |
| | | |
| X | OR email as attachment to: | |
| Name Date | StrollingThunder@acnj.org | |
| | 3 1 3 1 minute C 431 J. 11 6 | |