Year _____

Ovarian Cancer Research Alliance

Travel Reimbursement Request

Survivors Teaching Students® Volunteer Form

MILEAGE RATE	ROUND-TRIP CAP	RECEIPTS REQUIRED FOR	SEND TO
$_____ / mile	**200 miles per presentation**	**Parking & other transportation**	**sleighton@ocrahope.org**

Submit presentations from **January 1st – June 30th** by **July 7th,** and presentations from **July 1st – December 31st** by **January 7th** of the following year. Email this form with receipts to Susan Leighton or submit the electronic form at the bottom of the STS Toolkit page, under Current STS Team Member Resources, and keep a copy for your records.

VOLUNTEER

Full name _____ Email address _____

Mailing address _____ Check payable to _____

PAYMENT METHOD ☐ Check ☐ ACH (Direct Deposit) *OCRA will send a secure form to collect bank details for ACH*.

PRESENTATION & MILEAGE

DATE	SCHOOL OR PROGRAM	STARTING ADDRESS → ENDING ADDRESS	MILES	AMOUNT

List every part of the trip- for example, *home → school → home*, or *work → school → home*. Amount = miles × the mileage rate entered above, capped at 200 miles round trip per presentation.

PARKING & OTHER TRANSPORTATION

DATE	TYPE	MERCHANT	DESCRIPTION	AMOUNT

Type- parking, taxi, rideshare, bus, train, subway, or tolls. Attach a copy of the receipt for each line above.

Mileage subtotal $ _____

Parking & other transportation subtotal $ _____

Total request $ _____

CERTIFICATION

I certify that the travel listed on this request was incurred for a Survivors Teaching Students presentation and that the amounts requested are accurate.

Signature of volunteer _____ Date _____

OCRA USE ONLY

TOTAL APPROVED $	ACCOUNT #	CLASS ID	DEPT. ID

Approved by (STS staff) _____ Date _____ Approved by (Finance Dept.) _____ Date _____