JACK KENT COOKE FOUNDATION

2018 Scholars Weekend Reimbursement Form

| Signature: Date: | First Name, Last Name: | | | | | | | | For Finance Dept. Use Only | | | Amount: | |
|---|--|--|-----------------|-----|--|--|---|--|----------------------------|-------------|-------|---------|--|
| Mailing address (where check will be sent): Sebolar's Name: | Purpose: 2018 Scholars Weekend, National Conference Center, Leesburg, VA 20176 | | | | | | | | Check Number: | | | Date: | |
| Scholar's Name: | Mailing address | (where chec | ck will be sent | t): | | | | _ | | | | | |
| Signature: | | | | | | | | _ | <u></u> | | | | |
| Attach receipts for all expenditures over \$10 : receipts or expenditures under \$10 are expected but not required. Date: | Scholar's Name: | | | | | | | _ _ | | | | | |
| Attach receipts for all expenditures over \$10 ; receipts or expenditures under \$10 are expected but not required. Date | Signature: | | | | | | | _ | | | | | |
| Date | Date: | | | | | | | | | | | | |
| Date | | Attach receipts for all expenditures over \$10 : receipts or expenditures to | | | | | | | are expected | hut not rea | wired | | |
| Breakfast | Date | | | | | | | es under \$10 are expected out not required. | | | инеа. | Total | |
| Lunch | Date | | | | | | | | | | | Total | |
| Dinner | Breakfast | | | | | | | | | | | | |
| Airfare/Train Room Car Rental Taxi Parking/Tolls Mileage (25) Tips (detail) Other Totals Details of expenditures Program Manager Approval: Amount Reimbursed: | Lunch | | | | | | | | | | | | |
| Room | Dinner | | | | | | | | | | | | |
| Car Rental | Airfare/Train | | | | | | | | | | | | |
| Taxi | Room | | | | | | | | | | | | |
| Parking/Tolls | | | | | | | | | | | | | |
| Mileage (25) | | | | | | | | | | | | | |
| Tips (detail) Other Totals Date Details of expenditures Program Manager Approval: Amount Reimbursed: | | | | | | | | | | | | | |
| Other Totals Date Details of expenditures Program Manager Approval: Amount Reimbursed: | | | | | | | | | | | | | |
| Totals Date Details of expenditures Program Manager Approval: Amount Reimbursed: | Tips (detail) | | | | | | | | | | | | |
| Date Details of expenditures Program Manager Approval: Amount Reimbursed: | Other | | | | | | | | | | | | |
| Program Manager Approval: Amount Reimbursed: | Totals | S | | | | | | | | | | | |
| Program Manager Approval: Amount Reimbursed: | D 4 | ID / 11 C | 1*4 | | | | | | | | | | |
| | Date | Details of | expenditures | | | | | | | | | | |
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| | Drogram Manage | on Annuova | 1. | | | | | Amount D | oimhuwaad: | | | | |
| Date: Date: | | | | | | | | | | | | | |
| | Date: | | | | | | _ | Date: | | | | | |

Mail your completed Expense Reimbursement Form and appropriate receipts within two weeks of return travel.