

**JACK KENT COOKE FOUNDATION  
2018 Scholars Weekend Reimbursement Form**

**First Name, Last Name:** \_\_\_\_\_  
**Purpose:** 2018 Scholars Weekend, National Conference Center, Leesburg, VA 20176  
**Mailing address (where check will be sent):** \_\_\_\_\_

For Finance Dept. Use Only	Amount: _____
Check Number: _____	Date: _____

**Scholar's Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*Attach receipts for all expenditures over \$10 ; receipts or expenditures under \$10 are expected but not required.*

Date:											Total
Breakfast											
Lunch											
Dinner											
Airfare/Train											
Room											
Car Rental											
Taxi											
Parking/Tolls											
Mileage (.25)											
Tips ( detail)											
Other											
<b>Totals</b>											

Date	Details of expenditures

**Program Manager Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Director Approval:** \_\_\_\_\_

**Amount Reimbursed:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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