BRADLEY University
TRAVEL REIMBURSEMENT REQUEST
CSBRC Funded Events Only

Date Requested: _____

Club: _____

Event: _____   **Event Date:** _____

Student requesting: _____   **Student ID#:** _____

Email: _____   **Phone #:** _____

TOTAL MILES TRAVELED: to and from location. Attach copy of Googlemap, directions only, to the event with the starting point as **1501 W Bradley Ave, Peoria, IL 61625.**

MILEAGE:		HOTEL REIMBURSEMENT: (must include hotel receipts for each room.
Car 1	_____	**Hotel Room #1** _____
Car 2	_____	**Hotel Room #2** _____
Car 3	_____	**Hotel Room #3** _____
Car 4	_____	**Hotel Room #4** _____
TOTAL MILES	_____	**TOTAL HOTELS =** $_____
$/mile	x **$ 0.30**	
TOTAL =	$_____	

Reimbursement made payable to:

_____   **AMOUNT $_____**

Team event – Attach roster or list event attendees/team members:

Team Member	Student ID#:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Reimbursement requests must be submitted within the same semester as approved event/purchase.
*Club reimbursements will be issued a Bradley Check to be picked up from Campus Rec Office.
*Individual reimbursements: over $200 will be reimbursed by Bradley check to be picked up from Campus Rec office; under $200 will be reimbursed by cash at Cashier's window.

Received/Approved _____