

2014-2015 Bates College Honors Program

Receipts **MUST** be included for reimbursement
 Forms must be submitted by Friday May 8, 2015 to:
 Bates College Academic Services, 2 Andrews Rd, 7 Lane Hall, Lewiston, ME 04240

Department:	Date:
Examiner:	Social Security #:

Home Address:

Student (s) evaluated:

Travel Expenses Incurred by the Outside Examiner

Airfare:	From:	To:	\$
Mileage:	# Miles:	@.575¢ per mile or Bates given rate	\$
Other Transportation:	From:	To:	\$
Parking:	Location:	# Days:	\$
Tolls:	From:	To:	\$
Hotel:	Name:	# Nights:	\$
Meals:			\$

PLEASE NOTE: Performance-based Honorariums will be evenly split with one half remitted after the oral evaluation of the performance and the other half after the oral examination of the written thesis. Travel expenses will be reimbursed at the time they are incurred.

Total Honorarium (\$200 each)	\$
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FOR OFFICE USE: Fund/Org #: 0010-2052 Activity #: 20040	Total Travel Expenses	\$
	Total Meal Expenses	\$
	TOTAL Reimbursement Due	\$

Honor Program Approver Signature <hr style="width: 80%; margin-left: 0;"/>	Outside Examiner Signature <hr style="width: 80%; margin-left: 0;"/>
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