2020 - 2021 Bates College Honors Program			
	Forms must be su	<u>C</u> be included for reimbursement bmitted by Friday June 4, 2021 to cademic Administrative Assistant.	
Department:		Date:	
Examiner:		Social Security #:	
Home Address:			
Student (s) evaluated:			
	Travel Expenses	Incurred by the Outside Examiner	
Airfare:	From:	To:	\$
Mileage:	# Miles:	@.58¢ per mile or Bates given rate	\$
Other Transportation:	From:	To:	\$
Parking:	Location:	# Days:	\$
Tolls:	From:	To:	\$
Hotel:	Name:	# Nights:	\$
Meals:			\$
	sed Honorariums will be evenly split wit ravel expenses will be reimbursed at the	h one half remitted after the oral evaluation of the performance and the time they are incurred.	other half after the oral
Total Honorarium (\$250 each)\$			\$
FOR OFFICE USE:		Total Travel Expenses	\$
Fund/Org #: 0010-2052 Activity #: 20040		Total Meal Expenses	\$
		TOTAL Reimbursement Due	\$
Honors Program Approver Signature		Outside Examiner Signatur	e