

2026 TRAVEL REIMBURSEMENT FORM
Polaris Leadership Summit
April 13-15, 2026

To comply with Princeton Theological Seminary and federal regulations you must attach to this form ALL ORIGINAL RECEIPTS for all reimbursable expenses. Non-compliance may result in non-reimbursement. Please return this form, along with ALL ORIGINAL RECEIPTS to the Office of Continuing Education (address below). **Travel expenses must be submitted within 30 days for reimbursement.**

Name: _____
Home Address: _____
City/State/Zip: _____

Please note: This must be a home address, not a work address, to reimburse you directly. If you pay with a business credit card, please instead indicate the business name and address.

Event Name: _____

Destination: _____

Departure date & time: _____ **Return date & time:** _____

TRANSPORTATION:

Airfare & Baggage Fees	\$	
Hotel -Lodging	\$	
Rental Car, Taxi, Subway, etc.	\$	
Tolls	\$	
Parking Fees	\$	
Mileage (Private Vehicle)	\$	(2026 - # of miles x \$0.72.5)

For private vehicle mileage, please submit a Google map or equivalent showing distance from point of origin to destination.

TRANSPORTATION & LODGING TOTAL \$ _____

HOSPITALITY:

	Date	Day	Breakfast	Lunch	Dinner	Total
Meals			\$	\$	\$	\$
Meals			\$	\$	\$	\$
Meals			\$	\$	\$	\$
MISC (please explain):						\$

Please record actual meal expenditures. DO NOT include alcohol expenses, as they cannot be reimbursed.

HOSPITALITY TOTAL \$ _____

TOTAL EXPENSES (Transportation, Lodging & Hospitality) \$ _____

Signature _____ Date _____

Email Address _____ Phone Number _____