

PAYNE GRANT REIMBURSEMENT
2019-2020

REQUEST FOR REIMBURSEMENT OF FUNDS

Project No: _____
Title: _____
Manager: _____

FROM: _____ DATE: _____

TO: TOWN ACCOUNTANT

I hereby request a reimbursement for the following expenses while traveling to or attending:

MEETING: _____

PLACE: _____

DATE: _____

TRANSPORTATION - Odometer Reading - Beginning _____ Ending _____

Total Mileage _____ miles @\$0.58 per mile

*Public Conveyance (specify) _____

*Other (specify parking, tolls, etc.) _____

*Lodging (specify) _____

*Meals _____

*Other Expenses _____

TOTAL _____

*Reimbursement **will not** be made without proper receipts and proof of conference if applicable.

REQUIRED CERTIFICATION OF PERSON BEING REIMBURSED

I hereby certify that this request for reimbursement includes only those amounts expended by me and does not include charges for alcoholic beverages and/or tobacco products.@

Signature

Charge to Account Number: _____

Date: _____ Approved: _____

Department Head

