

## REQUEST FOR REIMBURSEMENT OF FUNDS

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_

TO: TOWN ACCOUNTANT

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

Conference/Meeting \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Mileage- Odometer Reading - Beginning \_\_\_\_\_ Ending \_\_\_\_\_

\*Total Mileage \_\_\_\_\_ miles @\$0.67 per mile

\*Public Transportation \_\_\_\_\_

\*Other (specify parking, tolls, etc.) \_\_\_\_\_

\*Lodging (specify) \_\_\_\_\_

\*Meals \_\_\_\_\_  
(maximum allowable reimbursement: \$65/day)

\*Other Expenses- Describe what was purchased \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Munis Vendor #

\_\_\_\_\_  
Signature

Charge to Account Number: \_\_\_\_\_

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

Updated 1/1/2024