

TRAVEL REIMBURSEMENT FORM

Name: _____ Position: _____ Account:

This form must be completed and signed by the person requesting reimbursement and signed by approving authority. Supporting documents must be attached for any expenditure other than mileage. A "***" denotes that a receipt is necessary.

TRAVEL REPORT

Date	Trip Itinerary	Business Purpose	(A) Miles Traveled	(B) Normal Commuting Miles	(A-B) Total Business Miles	\$.505/mile	Tolls*	Parking*	Breakfast*	Lunch*	Dinner*	Other*	Total
					0.00	\$0.00							\$0.00
					0.00	\$0.00							\$0.00
					0.00	\$0.00							\$0.00
					0.00	\$0.00							\$0.00
					0.00	\$0.00							\$0.00
					0.00	\$0.00							\$0.00
					0.00	\$0.00							\$0.00
												TOTAL	\$0.00

I hereby certify that the above travel/expense was incurred in the performance of official business for the Town of Millis, and that it complies with the Travel/Expense Regulation of the Town and the Commonwealth of Massachusetts General Laws.

Signature: _____ Approving Authority: _____