

Travel Report / Mileage Reimbursement Request

Name (Print)				Completed Form and Original Receipts Must Be Submitted Within 5 Days of Your Return Home to Your Department Head	
Mailing Address					
Street Address					
City		State			Zip
Department	<input type="checkbox"/> Supervisor <input type="checkbox"/> Town Clerk <input type="checkbox"/> Assessor <input type="checkbox"/> Zoning <input type="checkbox"/> Planning <input type="checkbox"/> Codes <input type="checkbox"/> Highway <input type="checkbox"/> Recreation <input type="checkbox"/> Other: _____				

Travel Information

Destination		Purpose	
Departure Date/Time		Date/Time	

How Did You Travel?

Car/Truck
 Boat/Snowmobile
 Airboat
(Put Beginning and Ending Mileage From the Vehicle Odometer)

Mileage Begin: _____ End: _____ Total Miles: _____

How Did You Pay For Lodging?

Out-of-Pocket or with Travel Advance Funds (HOTEL RECEIPT REQUIRED)
 Charged to Town Credit Card (PRIOR APPROVAL REQUIRED)
 Lodging expenses not incurred

Miscellaneous Expenses

Expense: _____ Amount: \$ _____ Date: _____

Town Advance Issued?

Amount Issued: \$ _____ Date Advanced: _____

I CERTIFY THE FACTS ABOVE TO BE TRUE AND CORRECT

Employee Signature: _____

OFFICIAL USE ONLY	
MEALS:	
LODGING:	
MILEAGE:	
MISC.	
Subtotal:	
LESS	
ADVANCE	
Total	
Claim:	

OFFICIAL USE ONLY			
Department Head Approval			
Signature:		Date:	
Supervisor Approval			
Signature:		Date:	
Amount:		Account#	
		Date Paid:	