

MAIL:

RETURN TO DEPT:

TOWN OF MILFORD
2022 EXPENSE REIMBURSEMENT FORM

Use this form for Petty Cash replenishment, Travel and Personal Expense Reimbursement

NAME: _____ DATE: _____
(Check Made Payable To)

VENDOR #: _____ DEPT: _____

ADDRESS: _____

TOWN, ZIP: _____

ITEMS:

TOTALS:

1. AUTOMOBILE MILEAGE *	
2. MISCELLANEOUS **	
3.	
4.	
5.	
6.	
7. TOTAL EXPENDITURES:	\$

SUBMITTED BY: _____

ACCOUNT DISTRIBUTIONS:

	ORG	OBJECT	PROJECT	AMOUNT
APPROVED BY: _____				

8. TOTAL (must agree with #7 above) \$

* Detail Automobile Mileage on back of form.

** Itemize in detail and attach receipts.

Note: IRS rules state that employees' expense reimbursements must be substantiated.

