

TOWN OF RAYNHAM

REQUEST FOR EXPENSE/TRAVEL REIMBURSEMENT

DEPARTMENT NAME:

EMPLOYEE NAME: Date Paid To Invoice #/Destination **Description/Purpose of Trip** Amount Total RECEIPTS FOR LODGING, MEALS, REGISTRATION, ETC. MUST BE ATTACHED MEAL RECEIPTS MUST SHOW BREAKDOWNS, ALCOHOL WILL NOT BE REIMBURSED ALL RECEIPTS MUST SHOW DATE, AMOUNT AND DESCRIPTION OF ITEMS PURCHASED CANCELLED CHECKS, CREDIT CARD RECEIPT OR CASH RECEIPT MUST BE ATTACHED **Total Reimbursement:** I hereby certify under penalty of perjury that the above amounts as listed are true and correct. Employee Signature

Signature of Department Head/Board**