

TOWN OF ELLINGTON

Mileage Reimbursement Request Form

EMPLOYEE NAME: _____

DEPARTMENT: _____

ACCOUNT NUMBER: _____

DATE	FROM	TO	PURPOSE	# OF MILES
TOTAL				

TOTAL MILES X **\$.** **PER MILE =**

PARKING & TOLLS (Attach Receipts)

TOTAL REIMBURSEMENT

EMPLOYEE SIGNATURE

SUPERVISOR APPROVAL