WESTERLY TOWN / SCHOOL DISTRICT

EXPENSE REIMBURSEMENT REQUEST

EMPLOYEE'S NAME:

TODAY'S DATE:

REASON FOR EXPENSE:

EMPLOYEE ADDRESS:

GL ACCOUNT CODES:

MILEAGE/TRANSPORTATION EXPENSES

DATE:	FROM	TO	REASON FOR TRAVEL	TOTAL MILES TRAVELED

	TOTAL MILES	0
Miles Allowance	$0.760	
	TOLLS	
	PARKING	
	TOTAL	0

Please include reciept for parking

I certify that this expense request complies with Westerly policy.The total listed above is a legitimate Westerly expense.

I hereby certify that on the above date(s), I maintained a valid operator's license, and my vehicle was/is registered and insured; that the listed mileage is correct and was incurred for official Westerly business. If the distance between my residence and destination was shorter than the distance from my office and the destination, I claimed the mileage from my residence to my destination.

X	X
Signature of Employee	Signature of Supervisor
	Print Name of Supervisor

OFFICE USE ONLY

Finance Approved Signature: Print Name:

11/27/2024