Town of Bourne - Personal Expense Report
(To be used for all Reimbursements)

Employee Name: _____ Vendor #: _____

Department: _____ Reimbursement Purpose: _____

Date	Start Location	End Location	Reason	Miles	Reimbursement Amount
Total:					

Tolls: _____
Parking: _____
Clothing: _____
Food: _____
Lodging: _____
Other: _____

* Receipts must be attached for reimbursement, or funds will not be issued

July 1, 2026 mileage reimbursement rate: **76 cents per mile**.

Attach all documentation for reimbursements (copy of registration form, meeting info, training courses, proof of personal payment, etc.)

***Sales Tax:** The Town of Bourne is exempt from MA sales tax. Employees must utilize the Town's sales tax exemption when purchasing on behalf of the Town. Sales tax is generally not reimbursable.

Grand Total: _____

-I certify the above to be correct:
-I certify that if my training/travel is cancelled, or I do not attend I will refund the Town of the reimbursement received.

_____ _____
Signature of Employee Date

Approved:

_____ _____
Department Manager Date

Account # to be charged:

Fund – Sub Fund _____
Func – Dept _____
Obj – Sub Object _____
Prog – Sub Prog _____