TOWN OF FREETOWN



REQUEST FOR EXPENSE/TRAVEL REIMBURSEMENT

DEPARTMENT NAME:

EMPLOYEE NAME:

Date	Paid To	Invoice #/Destination	Description/Purpose of Trip	Amount	Total
	ACCOUNT #				
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 for town use and are true and correct.

Employee Signature

Signature of Department Head/Board**