

## **TOWN OF FREETOWN**

## REQUEST FOR MILEAGE REIMBURSEMENT

DEPARTMENT NAME:
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EMPLOYEE NAME:	
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Date	Purpose of Trip	Place of Departure	Destination	Mileage	Rate	Total
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
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					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
					\$0.565	
	ACCOUNT #					
			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 Signatu	ıre					

Signature of Department Head/Board\*\*