

## TOWN OF BELLINGHAM

### TRAVEL EXPENDITURE REIMBURSEMENT FORM

FOR PURPOSES OF REIMBURSEMENT, YOU MUST ATTACH ALL ORIGINAL TOLL RECEIPTS, PARKING RECEIPTS, DETAILED MEAL SLIPS (SLIPS MUST BE DETAILED- M.G.L. CHAPTER 44 s 58 STRICTLY PROHIBITS A CITY OR TOWN FROM PAYING A BILL INCURRED BY ANY OFFICIAL THEREOF FOR WINES, LIQUORS, OR CIGARS), REGISTRATION FEES, AND HOTEL BILLS.

IF YOU DO NOT HAVE RECEIPTS YOU WILL NOT BE REIMBURSED.

IF PAYMENT WAS MADE BY A CREDIT CARD, THE SLIP MUST ALSO BE ATTACHED. IF PAYMENT WAS MADE BY PERSONAL CHECK, A COPY OF THE CANCELLED CHECK MUST ALSO BE ATTACHED. THE TOWN PAYS FOR THE AUTHORIZED EMPLOYEE ONLY AND DOES NOT PAY FOR ALCOHOL, TIPS, TOBACCO, ANY ENTERTAINMENT OR ANY COST NOT DIRECTLY RELATED TO YOUR JOB.

MILEAGE REIMBURSEMENT FOR THE USE OF YOUR PERSONAL VEHICLE ON AUTHORIZED OFFICIAL BUSINESS WILL BE AT THE RATE OF \$.67 PER MILE. ONLY ONE PERSON WILL BE REIMBURSED TRAVEL PER TRIP.

DEPARTMENT HEAD PERMISSION MUST BE OBTAINED IN ADVANCE.

NAME \_\_\_\_\_

TRAVEL LOCATION \_\_\_\_\_

PURPOSE \_\_\_\_\_  
(COPY OF ANNOUNCEMENT/NOTIFICATION MUST BE ATTACHED.)

DATE(S) OF ATTENDANCE \_\_\_\_\_

MILEAGE \_\_\_\_\_

HOTEL BILL \_\_\_\_\_

MEALS \_\_\_\_\_

TOLLS/PARKING RECEIPTS \_\_\_\_\_

OTHER (EXPLAIN) \_\_\_\_\_

GRAND TOTAL REIMBURSEMENT \_\_\_\_\_

EMPLOYEE SIGNATURE:

DATE:

DEPARTMENT HEAD SIGNATURE:

DATE: