



**TOWN OF DIGHTON**  
**REIMBURSEMENT OF EXPENDITURE VOUCHER**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

Description		\$	
Account #			
Description			
Account #			
Description			
Account #			
Description			
Account #			
	Total Reimbursement		\$ -

\*Original receipts/proof of payment must be attached for reimbursement

\_\_\_\_\_  
 Signature of Reimbursed

\_\_\_\_\_  
 Signature of Department Head/Board\*\*

\*\*Requires a majority of board members signatures unless other authorization arrangements have been filed with the Town Accountant's office. See "Payment Designation Authorization Form"