TOWN OF DIGHTON

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

NAME OF EMPLOYEE _____ REGISTRATION # _____

DATE OF TRAVEL	DESCRIPTION Itemize by day	ODOMETER READING Beginning	Ending	RATE/ MILE	TOTAL MILES	RATE/ MILE	MEALS Breakfast	Lunch	Dinner	OTHER EXPENSES	TOTAL TRAVEL EXPENSES

NOTE: Please attach original receipts as proof of expenses incurred

TOTAL EXPENDITURE $

ACCOUNT # _____ **EXPENDITURE** $ _____

ACCOUNT # _____ **EXPENDITURE** $ _____

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, and were incurred by me during necessary travel for the Town of Dighton.

Signature of Traveler **Date**

Signature of Department Head/Board** **Date**

**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"