



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"