



TOWN OF DIGHTON

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

 NAME OF EMPLOYEE

 REGISTRATION #

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