## TOWN OF TOLLAND - EXPENSE REIMBURSEMENT FORM TRANSPORTATION AUTO OTHER **DESCRIPTION & LOCATION** DOLLAR Air, Rail, Date MILES \* **AMOUNT** Taxi, etc. LODGING MEALS REGISTRATION FEE MISC TOTAL TOTAL EXPENDITURES DEDUCT PREPAID EXPENSES (enter amounts) NET OUT OF POCKET EXPENSES ORG - OBJECT CODE **AMOUNT** EMPLOYEE VENDOR# AMT DUE EMPLOYEE = EMPLOYEE NAME DEPARTMENT ---- ATTACH ALL RECEIPTS ----EMPLOYEE SIGNATURE DATE \* Mileage Rate: effective on January 1, 2014 = \$.56 SUPERVISORY APPROVAL DATE