



**TOWN OF BOXBOROUGH  
REQUEST FOR REIMBURSEMENT**

Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Purpose: \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \$ 0.54 cents per mile (effective 1/1/2016)

Trip to: \_\_\_\_\_ \$ \_\_\_\_\_

Mileage Account # \_\_\_\_\_

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Meals Account # \_\_\_\_\_

Other Expense(s):

Please specify:

\_\_\_\_\_ \$ \_\_\_\_\_

Account # \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Account # \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Account # \_\_\_\_\_

Sub-total All Expenses \$ \_\_\_\_\_

Less Advance \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

**All receipts must be attached.  
Allowable reimbursement for meals and lodging  
must conform to the CONUS Rates as prescribed by  
the G.S.A., unless previously approved by the Town  
Administrator as warranted by conference location.**

Respectfully submitted,  
\_\_\_\_\_  
Name

Approved by Department Head \_\_\_\_\_

\_\_\_\_\_  
Title/Department