



Employee Number:

MILEAGE/TRANSPORTATION EXPENSES

[illegible]

\$0.00

Please include receipt for parking

I certify that this expense request complies with Westerly policy. The total listed above is a legitimate Westerly expense.

I hereby certify that on the above date(s), I maintained a valid operator's license, and my vehicle was/is registered and insured; that the listed mileage is correct and was incurred for official Westerly business. If the distance between my residence and destination was shorter than the distance from my office and the destination, I claimed the mileage from my residence to my destination.

NOTE: Receipts must be attached in order to receive reimbursement.

X

X

Signature of Supervisor

Print Name of Supervisor

OFFICE USE ONLY

Print Name:

03/16/2022



Abbreviations to be used:
AC=WHS Medical Pathways
BH=Babcock Hall
BR=Bradford School
DC=Dunn's Corners School
SES=Springbrook School
SSS=State Street School
TSS=Tower Street School
WB=Ward Building
WMS=Westerly Middle School