

WESTERLY TOWN / SCHOOL DISTRICT



| TOTAL SY | | | | | V.C | SCH |
|--|--|--|---|--|----------------|-------------------------|
| | EXPENS | E REIMBUF | RSEMENT F | REQUEST | | |
| EMPLOYEE'S NAME: | | | | TODAY'S DATE: | | |
| | | | | DESTINATION: | | |
| REASON FOR EXPENSE: | | | | Employee Number: | | |
| GL ACCOUNT CODES: | MILEAGE | /TRANSPOF | TATION EV | | | |
| | WIILLAGE | TRANSFOI | CIATION L | AF LINGLO | | |
| DATE: | DATE: From T | | O REASON F | | RAVEL | TOTAL MILES TRAVELED |
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| | | | | Miles Allewanes | | |
| | | Miles Allowance | \$0.655 TOLLS | | | |
| Please include reciept for parking | | | | | PARKING | \$0.00 |
| ТОТА | | | | | | \$0.00 |
| I certify that this expense requ | est complies with We | esterly policy.The t | otal listed above | is a legitimate Westerl | y expense. | |
| I hereby certify that on the above the listed mileage is correct and w shorter than the distance from my | vas incurred for official y office and the destina | Westerly business. ition, I claimed the r | If the distance betw nileage from my res | veen my residence and d sidence to my destination | estination was | |
| NOTE: | Receipts must be | attached in ord | er to receive re | eimbursement. | | |
| x | | | х | | | |
| Signature of Employee | | | | Signature of Sup | ervisor | |
| | | | | Print Name of Su | pervisor | |
| | | OFFICE U | SE ONLY | | | |
| | | | | | | |
| | | | | | | |
| Finance Approved Signature: | | | Print Name: | | | |
| | | | | | REV | 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