

Town of Barnes - Travel/Expense Reimbursement Voucher

Date: _____ (Print)

Name: _____

Purpose: _____

Transportation				Use of Own Auto		
Date	From	To	Rd. Trip	Mileage	Rate	Totals
1			X		0.625	
2					0.625	
3					0.625	
4					0.625	
5					0.625	
10					0.625	
11					0.625	
12					0.625	
13	Total (1 Thru 12)					\$ -

Living Expenses - Daily Basis						
Date	City	Lodging Receipts	Meals		Other Expenses	
			No.	Amt.	(Explain)	Amt.
14		\$		\$		
15						
16						
17						Total
18	Total (14 thru 17)		\$ -	\$ -		\$ -

Other Expenses (Receipts Required)			
Date	Description	Amount	
19			
20			
21			
22			
23			
24			
25	Total (19 thru 24)		\$ -

26	Total this Page (13+18+25)	\$ -
27	Total From Attached Pages (if any)	
Total for this Voucher:		\$ -

28 Explain Other or Abnormal Expense (Key to Line No.) 	I Hereby Certify That I Have Incurred The Above Expense on Behalf of the TOWN of BARNES. Signature: _____ Approvals: Supervisor Initials: _____ Chairperson Signature Below: _____
---	--