Date Submitted _____

TOWN OF JONESVILLE

REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE DISCHARGE OF OFFICIAL DUTY

INSTRUCTIONS TO CLAIMANT: Attach all necessary receipts and other supporting documentation to this form and submit the original to the Finance Officer. Retain duplicate copy for your records.

Payee's Name:	Job Title:	Dept:	FINANCE OFFICE USE ONLY:
Payee's Complete Mailing Address:			Budget Code: _____ Approved By: _____ Date: _____

Under penalties of perjury, I certify this is a true and accurate statement of the lodging expenses and allowances incurred in the service of the Town of Jonesville. I further certify that no claim will be made from any other source for the same expense.

(CLAIMANT)

I have examined and verified the information on this request and certify that the expenses incurred are necessary and proper and amounts claimed are just and reasonable.

(AUTHORIZED APPROVING OFFICIAL)

NOTE: ORIGINAL SIGNATURES REQUIRED

Check one:

X	In-State Reimbursement Request
	Out-of-State Reimbursement Request
	Travel Advance Request

Total Transportation Expense	$0.00
Total Sub & Other Expenses	$0.00
Total Expenses Claimed	$0.00
Less: Travel Advance	
NET REIMBURSEMENT:	**$0.00**

DATE	TRAVEL		TRANSPORTATION			SUBSISTENCE			OTHER EXP	
	From	To	(1) Mode	Mileage	Transp. Costs to be Reimbursed	(2) Type	In-State	Out-of-State	Explain-ation	Amount
					$ -					
					$ -					
					$ -					
					$ -					
					$ -					
					$ -					
					$ -					
					$ -					
					$ -					
					$ -					
					$ -					
					TOTAL TRANSP $0.00	TOTAL AUTH SUB. $0.00		TOTAL AUTH SUB	TOTAL OTHER EXPENSES $0.00	

Description:

(1) MODE OF TRAVEL	RATE:
P - Private Car	$0.555
A - Air	Actual
O - Other (Rail/Bus)	Actual
R - Rental Car	Actual

(2) TYPE OF SUBSISTENCE:	In-State:	Out-of-State:
M - Meal	Actual	Actual
H - Hotel	Actual	Actual