REIMBURSEMENT VOUCHER

TOWN OF EVERGREEN

Name of Person _____

Nature of Activity _____

(attach agenda/itinery of activity)

Date(s) of Activity _____

Place of Activity _____

Was an overnight stay involved? _____ Yes _____ No

Lodging (attach receipts-single rate reimbursed at state rate) $ _____

Meals (attach receipts and itemize)

Date	Time of Departure	Time of Return	Breakfast $9.00	Lunch $11.00	Dinner $20.00
		Subtotals	$	$	$
				Total Meals	$

Transportation

Mileage _____ miles @ _____ per mile $

Parking _____ $

Other _____ $

TOTAL EXPENSES $

I certify this to be a true statement of the actual and necessary expenses incurred.

Signature: _____ Date: _____

Supervisors Approval: _____ Date: _____