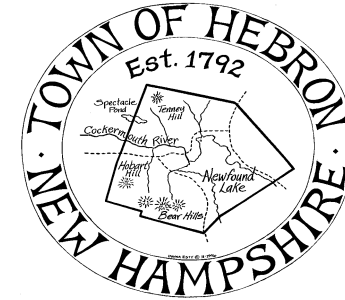


TOWN OF HEBRON
EXPENSE REIMBURSEMENT REQUEST



Name: _____

Date: _____

Total Reimbursement Amount: _____

Expense Date	Description	Department	Account Number	Mileage (# of miles)	Amount

- Note:
1. Please attach expense receipts
 2. Mileage is reimbursed at the standard Internal Revenue Service rate per mile
 3. When submitting for mileage reimbursement please include the destination and description of the town function
 4. If town account number is not known, please fill in department