

TOWN OF HARVARD
Expense, Travel and Conference Reimbursement Request

DEPARTMENT: _____ DATE: _____

CONFERENCE REIMBURSEMENT INSTRUCTIONS

- 1) Please attach an agenda summary with event dates; required for overnight reimbursement.
- 2) Please attach itemized cash and credit card receipts.
- 3) Do not include non-conference local travel; see bottom section.
- 4) Advance payment by personal credit card not permitted.

DATE: _____ LOCATION: _____
PURPOSE/EVENT: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Date:								
Hotel								\$ -
Registration								\$ -
Breakfast								\$ -
Lunch								\$ -
Dinner								\$ -
Taxi-Limousine								\$ -
Public Transportation								\$ -
Mileage (@ .55 cents)								\$ -
Telephone (Business Only)								\$ -
Parking and Tolls								\$ -
Air Fare								\$ -
Other								\$ -
CONFERENCE SUBTOTAL								\$ -

EXPENSE REIMBURSEMENT

Purpose: _____
Vendor: Purpose: \$ -
Vendor: Purpose: \$ -
Vendor: Purpose: \$ -
EXPENSE SUBTOTAL \$ -

LOCAL TRAVEL REIMBURSEMENT

(for local, non-conference travel only)

Purpose: Location/Date: Miles @ .55¢ \$ -
Purpose: Location/Date: Miles @ .55¢ \$ -
Purpose: Location/Date: Miles @ .55¢ \$ -
Purpose: Location/Date: Miles @ .55¢ \$ -
Purpose: Location/Date: Miles @ .55¢ \$ -
LOCAL TRAVEL SUBTOTAL \$ -

TOTAL REIMBURSEMENT: \$ -

Signature: _____ Approved: _____
Traveler Supervisor

PLEASE ATTACH RECEIPTS TO VERIFY CASH AND CREDIT CARD EXPENSES