City of Salem, Massachusetts
FY 2010

REQUEST FOR REIMBURSEMENT

Name: _____ Vendor #: _____

Department: _____ Date: _____

PO Number: _____ Invoice #: REIMB _____.

DESCRIPTION	AMOUNT
Seminars/ Meetings – Etc:	
Mileage: #_____ X $.55 City 7/1/09 thru 6/30/10 $.585 School 7/1/09 thru 8/31/09 $.55 School 9/1/09 thru 8/31/10	
Destination:	
Parking/Tolls:	
Registration Fees/Membership	
Meals:	
REASON:	
Outside Services Rendered (Tutoring – Field Trips – etc:)	
REASON:	
Other	
REASON:	
TOTAL AMOUNT DUE	

Department Head Signature: _____

ALL RECEIPTS, TAPES, MILEAGE SHEETS ETC., ARE TO BE ATTACHED TO THIS FORM FOR REIMBURSEMENT. WE WILL NOT REIMBURSE SALES TAX!