THE CITY OF BROCKTON TRAVEL REIMBURSEMENT FORM Name of Employee DATE: Department **Phone Number** Mileage reimbursement rates - 2023 \$0.655 DESCRIPTION AUTO MILEAGE TOTAL ODOMETER **EXPENSES** Date Itemize by day and explain fully, including cities and towns visited. Ending Miles Beginning I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, and were incurred by me during necessary work-related ravel for the City I hereby certify under penalty of perjury that I have reviewed this travel reimbursement request and approve reimbursement to the person who submitted this form.

Traveler

Date

Department Head