

THE CITY OF BROCKTON

TRAVEL REIMBURSEMENT FORM

Name of Employee \_\_\_\_\_

DATE :

Department \_\_\_\_\_

Phone Number \_\_\_\_\_

Mileage reimbursement rates 7/1/2022-12/31/2022 \$0.625

| Date | DESCRIPTION<br><small>Itemize by day and explain fully, including cities and towns visited.</small> | ODOMETER  |        | Miles | AUTO MILEAGE | TOTAL    |
|------|---|-----------|--------|-------|--------------|----------|
|      |   | Beginning | Ending |       |              | EXPENSES |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |
|      |   |           |        |       |              | \$ -     |

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, and were incurred by me during necessary travel in the services of the City of Brockton

I hereby certify under penalty of perjury that the items listed hereon were examined and are in conformity with the regulations. Payment is hereby authorized for payment to the appropriate designee listed above

Date \_\_\_\_\_

Traveler \_\_\_\_\_

Department Head \_\_\_\_\_