City of Salem, Massachusetts
FY 2014
REQUEST FOR REIMBURSEMENT

ALL REIMBURSEMENTS MUST BE SUBMITTED ON A MONTHLY BASIS

Name: _____ Vendor #: _____

Department: _____ Date: _____

PO Number: _____ Invoice #: REIMB_____.

DESCRIPTION	AMOUNT
Seminars/ Meetings – Etc:	
Mileage: #_____ X $.565 City 7/1/13 thru 6/30/14 $.555 School 7/1/13 thru 8/31/13 $.565 School 9/1/13 thru 8/31/14	
Destination – Submit copy of conference flyer:	
Parking/Tolls:	
Registration Fees/Membership	
Meals - Detailed Receipts required:	
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!