City of Salem, Massachusetts
FY 2016
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 $.575 City 7/1/15 thru 6/30/16 $.565 School 7/1/15 thru 8/31/15 $.575 School 9/1/15 thru 8/31/16	
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!