

Town of Dundee Reimbursement Form

NAME: _____
TRAVEL DATES: _____
PURPOSE OF TRAVEL: _____
DESTINATION: _____
HOTEL NAME: _____
ADDRESS: _____

PER DIEM ALLOWANCES (NO RECEIPTS REQUIRED)

Attach a copy of the registration form. If meals are provided in registration do not request per diem for those meals

		# of Days
FULL DAY		_____
Breakfast	Travel begins before 6:00 am and extends beyond 8:00 am	_____
Lunch	Travel begins before 12:00 noon and extends beyond 2:00 pm	_____
Dinner	Travel begins before 6:00 pm and extends beyond 8:00pm or during night-time hours due to special assignment	_____

Miscellaneous Expenses Employee Paid for During Trip

Receipts are Required for Reimbursement (i.e., Tolls / Parking, etc.)

Expense Name	Amount	Expense Name	Amount

RECONCILIATION TO BE COMPLETED BY ACCOUNTING STAFF

	<i>TOTAL</i>		Amount Due:	
Full Day	_____	X	\$36.00	_____
Breakfast	_____	X	\$6.00	_____
Lunch	_____	X	\$11.00	_____
Dinner	_____	X	\$19.00	_____
Mileage	_____	X	\$0.725	_____
Miscellaneous Expenses	_____			_____
Total Advance	_____			_____
GRAND TOTAL:	_____			_____

Balance due to: _____ **Town** X **Employee**

Requested By: _____	_____
	Date
Approved By: _____	_____
<i>Town Manager/Town Clerk</i>	Date
Approved By: _____	_____
<i>Finance Director</i>	Date