

**TOWN OF EAST WINDSOR, CT
MILEAGE REIMBURSEMENT FORM**

Date

Department

Name

Charge Account #

DATE	FROM:	TO:	PURPOSE:	NO. MILES

I hereby certify that the above is a correct statement of mileage and/or other related travel expenses.

Total number of miles traveled	
Multiplied by reimbursement rate (53.5 cents)	
Total amount of reimbursement for mileage	
Other expenses (attach receipts and explanation)	
Total amount of reimbursement this month	

Employee Signature

Attachments: _____

Supervisor's Signature and Date

Reminder: completed forms must be submitted on this form, no later the 15th of the month following the expense

According to IRS Reg. 1.274-5T(c)(1)-(2); & 1.274-5A(f)(3): The employee is required to provide substantiation to the employer. Substantiation rules require the employee to record the date, business purpose and place of each trip.