TOWN OF WASHINGTON REQUEST FOR MILEAGE REIMBURSEMENT FISCAL YEAR ______

I hereby request reimbursement for the following mileage for use of my personal vehicle for approved travel in the course of performing official duties for the Town of Washington.

Name:	Department:		
Address:	Account:		
	Acct. #:		
Date – To/From Location – Travel Purpose	e Odometer Start	Odometer End	Miles
		Total Miles 2024 IRS rate	0.6700
		Reimbursement	0.0700
Accessed by Colored Bosonia		_	
Approved by Select Board:			
		Date	
		Department Hea	ıd
		Accounting Offic	er