## TOWN OF WASHINGTON REQUEST FOR REIMBURSEMENT OF PERSONAL EXPENSES FISCAL YEAR \_\_\_\_\_

I hereby request reimbursement for the following expenditures made by me in the course of my work for the Town of Washington. Original receipts are attached. I understand that any MA Sales Tax will not be reimbursed to me without the <u>prior approval</u> of the Select Board.

Name:		Department:	
Address:		Account:	
		Acct. #:	
		Acct. #	
		<u> </u>	
Vendor Name on Receipt	Date Paid	Amount	Description
# A !!	<b>T.1.1</b>		
* All receipts must be attached	Total		
Approved by Select Board:			
	_	-	Data
			Date
	_	-	Donartment Head
			Department Head
		_	

**Accounting Officer**