

# TOWN OF BERLIN

## REQUEST FOR REIMBURSEMENT

DATE: \_\_\_\_\_ DEPT # \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

REQUESTOR:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

5200: Services

Postage	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____

5400: Supplies

Office Supplies	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	\$ _____

5700: Other

Mileage _____ @ .555 =	\$ _____	
Tolls	\$ _____	
Meetings	\$ _____	
_____	\$ _____	\$ _____
Total to be reimbursed		\$ _____

\*\*Attach receipts for all reimbursements (excluding mileage) No receipts - NO reimbursement – Town doesn't pay Sales Tax. Needs to be put on a bill schedule for payment.

\_\_\_\_\_  
Requestors Signature

\_\_\_\_\_  
Department Head Signature

Selectmen Approved January 24, 2000  
 Revised November 22, 2005 – effective July 1, 2006  
 Revised December 6, 2007 – effective immediately per Selectmen.  
 Revised May 28, 2008 – effective immediately per Selectmen  
 (Rates will be increased as IRS adjusts)  
 IRS last revision 1/1/11, 7/1/11