Town of Wilmot	MILEAGE *reimbursement is always at the current IRS rate, which can be found at* https://www.irs.com/	
	Date Form Filled Out:	
	Department/Board/Committee:	

Expense Report:

Employee/Official Information

Name: _____

Last *First*

Address:

Home Phone:

Mobile Phone:

Expenses

Date	Account # *(Budget Account Line)*	Description *(I.e. 30 miles @ $0.54 per mile, hotel, description of item purchased)*	Amount
		Total:	

Authorization

Signature of Person Requesting Reimbursement: _____

Authorized Signature: _____