

**Sutton Public Schools
Reimbursement Form**

To the Accounting Officer, please reimburse the following:

Employee Name _____

Department _____ Date _____

Reimbursement Amount: \$ _____

Reason for Reimbursement _____

Mileage: _____ miles @ \$.40 per mile

Total Mileage Reimbursement \$ _____

Tolls (attach receipts) \$ _____

Total \$ _____

Reason for travel: _____

Note: Tax is NOT reimbursable. Public schools are exempt from tax and the town hall WILL NOT reimburse for it.

Please provide three copies of this form and three copies of all receipts to the business office for processing.