



**TOWN OF FREMONT**  
*Office of the Select Board*  
**PO Box 120**  
**Fremont NH 03044-0120**

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TELEPHONE (603) 895 2226  
FACSIMILE (603) 895 3149

**REQUEST FOR REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EXPENSES-PLEASE ATTACH RECEIPTS:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>DATE:</b>	<b>MILEAGE TO/FROM:</b>	<b># OF MILES</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL # OF MILES** \_\_\_\_\_

**X \$0.50 / MILE** \_\_\_\_\_

<b>GRAND TOTAL REIMBURSEMENT DUE \$</b>
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**For Office Use Only**

**ACCOUNTS TO BE CHARGED**

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____