TOWN OF CUMBERLAND

EXPENSE REPORT

Name: _____ **Date**: _____
Acct #: _____ **OR Dept. Name**: Fire

N0TE: Point of Departure must be from Town Office unless another departure point is closer.

Date	Destination	Reason	Total Miles
		Total Miles Per Month	
		$ per mile	**$0.55**
		Total amount to be re-imbursed to Employee	

Employee Signature **Date** **Department Head Signature** **Date**

***NOTE: RECEIPTS MUST BE ATTACHED TO BACK**