



Town of  
Petersham, Massachusetts 01366-0486

978-724-3353

978-724-3501 (fax)

## MILEAGE REIMBURSEMENT FORM

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

Account mileage is to be charged to: \_\_\_\_\_

Date: \_\_\_\_\_

Purpose of Mileage \_\_\_\_\_

Date of Trip: \_\_\_\_\_

No. of Miles \_\_\_\_\_ at \_\_\_\_\_ per mile totals \$ \_\_\_\_\_

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Purpose of Mileage \_\_\_\_\_

Date of Trip: \_\_\_\_\_

No. of Miles \_\_\_\_\_ at \_\_\_\_\_ per mile totals \$ \_\_\_\_\_

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Purpose of Mileage \_\_\_\_\_

Date of Trip: \_\_\_\_\_

No. of Miles \_\_\_\_\_ at \_\_\_\_\_ per mile totals \$ \_\_\_\_\_

Signature: \_\_\_\_\_