



Town of Petersham

3 South Main Street

P.O. Box 486

Petersham, MA 01366-0486

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 \$ _____

Signature: _____