

\_\_\_\_\_ - \_\_\_\_\_

**Botetourt County Board of Supervisors**

Reimbursement Request

Payable to: \_\_\_\_\_

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

**Travel Reimbursement**

Trip Destination or Meeting Attended:

\_\_\_\_\_

Mileage Readings:

Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
(Use back if needed, but enter total below)

Total Mileage \_\_\_\_\_ @ .575 cents mile \$ \_\_\_\_\_

Lodging: Number of Days \_\_\_\_\_

Total Lodging Amount Due \$ \_\_\_\_\_

**Meal Reimbursement**

Trip Destination or Meeting Attended:

\_\_\_\_\_

<u>Meal</u>	<u>Amount</u>	<u>Meal</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

(Please use back of sheet if needed, but enter total below)

Total Meal Amount \$ \_\_\_\_\_

**Telephone Expenses**

(Please attach phone bill)

Total Phone Amount \$ \_\_\_\_\_

**Other Expenses**

Please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Other \$ \_\_\_\_\_

**Total Request for Reimbursement** \$ \_\_\_\_\_

\_\_\_\_\_  
Date Signature OK'D

Note: Please attach receipts for meals over \$5.00 and list names if other than self.  
Attach lodging and other receipts as appropriate.