



TOWN OF EDGARTOWN
70 MAIN STREET, P.O. BOX 5158
EDGARTOWN, MASSACHUSETTS 02539-5158

TELEPHONE
(508) 627-6180

TRAVEL VOUCHER
REQUEST FOR REIMBURSEMENT

Date: _____

Department: _____

1. Date(s) of Travel: _____

2. Reason for Travel: _____

3. Destination:

a. From: _____ to: _____
b. From: _____ to: _____
c. From: _____ to: _____

4. Odometer Start: _____

5. Odometer End: _____

6. Total Miles: _____

7. Amount Due: _____

Reimbursement per mile: \$0.67
(as of 1/1/2024)

[GSA Per Diem Rates](#)

8: Other Expenses:

Room (tax included)	
Meals (tax included)	
Steamship	
Other (Specify)	

**PLEASE BE SURE ALL
OF YOUR ORIGINAL
RECEIPTS ARE
ATTACHED**

Total Due: _____

NAME: _____

VENDOR NUMBER: _____

ADDRESS: _____

EMPLOYEE
SIGNATURE: _____

DEPT HEAD
SIGNATURE: _____