

TOWN OF NEWTON, NH  
TRIP AND MEAL REQUEST FOR PAYMENT

NAME \_\_\_\_\_

DEPT \_\_\_\_\_

| DATE | TRANSPORTATION<br>DESTINATION | PURPOSE | MILES | RATE<br>\$ per mile | MILEAGE<br>\$ | TOLLS /<br>PARKING | TOTAL \$ |
|------|-------------------------------|---------|-------|---------------------|---------------|--------------------|----------|
|      |                               |         |       | 0.54                | \$ -          | \$ -               | \$ -     |
|      |                               |         |       | 0.54                | \$ -          | \$ -               | \$ -     |
|      |                               |         |       | 0.54                | \$ -          | \$ -               | \$ -     |
|      |                               |         |       | 0.54                | \$ -          | \$ -               | \$ -     |
|      |                               |         |       | 0.54                | \$ -          | \$ -               | \$ -     |
|      |                               |         |       | 0.54                | \$ -          | \$ -               | \$ -     |

TRANSPORTATION TOTAL \$ -

| DATE | MEALS AND OTHER<br>LOCATION | PURPOSE | MEAL \$ | OTHER EXPENSES \$ | TOTAL \$ |
|------|-----------------------------|---------|---------|-------------------|----------|
|      |                             |         | \$ -    | \$ -              | \$ -     |
|      |                             |         | \$ -    | \$ -              | \$ -     |
|      |                             |         | \$ -    | \$ -              | \$ -     |
|      |                             |         | \$ -    | \$ -              | \$ -     |
|      |                             |         | \$ -    | \$ -              | \$ -     |

MEALS AND OTHER TOTAL \$ -

**GRAND TOTAL** **\$ -**

I certify that I have incurred these expenses for Town of Newton purposes and have not been previously reimbursed.

EMPLOYEE SIGNATURE \_\_\_\_\_

DEPT. HEAD SIGNATURE \_\_\_\_\_