

**TOWN OF GREENFIELD  
TRAVEL/CONFERENCE/MEETING REQUEST AND APPROVAL FORM**

Date submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

The information provided below explains the travel plans that I am requesting for Town of Greenfield related work and to receive reimbursement for the expenses involved.

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Title/Position \_\_\_\_\_

Description of Travel \_\_\_\_\_

Dates: Beg: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

ESTIMATED EXPENSES: (Please attach brochure or meeting notice).

Mileage: \_\_\_\_\_ miles @ \$.38/mile \$ \_\_\_\_\_

Cost of Transportation by taxi, rental car, train, bus, or air \$ \_\_\_\_\_

Accommodations, Hotels/Motels \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES \$ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

The Travel plans above have been evaluated and approved.

Maximum reimbursement allowed: \$ \_\_\_\_\_ Account number: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Mayor

TO BE SUBMITTED AFTER RETURNING FROM TRAVEL. NOTE: ORIGINAL RECEIPTS AND/OR ORIGINAL CANCELLED CHECK MUST BE ATTACHED.

**ACTUAL EXPENSES**

Mileage: \_\_\_\_\_ miles @ \$.38/mile \$ \_\_\_\_\_

Cost of Transportation by taxi, rental car, train, bus, or air \$ \_\_\_\_\_

Accommodations, Hotels/Motels \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

TOTAL ACTUAL EXPENSES \$ \_\_\_\_\_