TOWN OF LENOX EXPENSE REIMBURSEMENT REQUEST

TO:	Town Accountant	
FROM:		
DATE:		
RE:	Expense Reimbursement for	
	Date of Event	
	Location of Event	
REIMBU	RSEMENT WILL NOT BE APPROVED UNLES	S RECEIPTS ARE ATTACHED
Registration Fee		\$
Tolls		\$
Meals		\$
Lodging		\$
Other Expe	enses (specify)	
		-
		\$
Travel (no receipt	required) miles @ per mile	\$
Total Expe	nses	\$
Approved :	for ment:	