Town of Ulysses - Mileage Expense Form

Name		**Account No.**	
E-mail		**Department**	
Approved By			

Date	Travel From:	Travel To:	Purpose	Mileage
			Subtotal	0
			2020 Mileage Reimbursement Amount:	$0.655
			TOTAL:	

Signature	**Date**

Please attach receipts for all listed expenses, sign the form, obtain approval and submit to the Town Clerk or Bookkeeper.