



## Town of Dunstable Employee Expense Reimbursement

**To the Accountant or Accounting Officer:**

**The following bills for Employee Reimbursement for Expenses related to election, amounting in the aggregate to\_and, have been approved and you are requested to place them on a warrant for payment.          Attach original invoices to form.**

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

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

Employee Address: \_\_\_\_\_

Date	Purchased From	Purpose of Purchase	Account #	Request Reimbursement \$
	Total Employee Reimbursements			