ONOTA TOWNSHIP
EMPLOYEE REIMBURSEMENT FORM

Name _____ Position _____

MILEAGE REIMBURSEMENT

TRAVEL DATE	DESTINATION	PURPOSE	# OF MILES *(TO + FROM)*

PURCHASE REIMBURSEMENT

(attach <u>original</u> receipts & invoices)

Costs *(list receipts separately)*: _____

_____

_____

Dept/office purchased for: _____

TOTAL MILES: 0

(7/2026 rate) × $ **0.76**

= _____

EMPLOYEE SIGNATURE

X _____

Date: _____

If you have questions about this form, please contact the Onota Township Clerk (onotatwp@tds.net).

OFFICE USE ONLY	
Acct #:_____	Cost: _____
Acct #:_____	Cost: _____
Acct #:_____	Cost: _____
Acct #:_____	Cost: _____
Fund: ☐ General ☐ Fire ☐ Waste	Total: