



TOWN OF DAVIE MISCELLANEOUS REIMBURSEMENT FORM

Employee Name

Town ID #

Position Title

Department/Division

GL Account Number: _____

GL Account Name: _____

Amount to be reimbursed: _____

Type of Expenditure (to include CBA Article or SOP if applicable):

(06) Mileage (non-travel, over \$50) _____

(14) Certification/Exam/License Renewal (non-degree seeking) _____

***(52) Optical Reimbursement** _____

***(50) Equipment** _____

***(50) Uniforms** _____

Other (please specify type) _____

***Please specify the date of the last reimbursement for similar expenditure:** _____

Employee Signature

Date

Department Director or
Designee Signature

Date

Approved and submitted to Human Resources

Human Resources Signature

Date

Approved and submitted to Payroll for Processing

cc: Payroll

Department/Division

PAYROLL USE ONLY

Initials: _____

Date Entered: _____

Paycheck date: _____