



Reimbursement Request Form

Finance Department

To request reimbursement for miscellaneous expenses and mileage

Part I Employee Information

1	Employee Name	
2	Department	

Part II Miscellaneous Expenses - Receipts Required

Original itemized receipts must be attached for all expenses. Failure to provide appropriate documentation may result in denial or delay of reimbursement.

Date	Description/Purpose	Vendor	Amount

Part III Mileage Expenses - Map of Route Required

A map of your route showing the distance traveled must be attached for all trips. It is suggested that you use Google Maps to generate this route. Failure to provide the appropriate documentation may result in denial or delay of reimbursement.

Date	Description/Purpose	Destination	Miles

Part IV Certification

I understand that all employee reimbursement requests will be paid via direct deposit using the bank account on file for payroll purposes. I certify that the information provided is accurate, that the expenses were incurred on behalf of the City of Stow, and that all expenditures comply with applicable City policies and State law.

1	Employee Signature	
2	Department Head Signature	
3	Date Submitted	

Finance Department Use Only:

A. Type and Amount of Reimbursement

1	Miscellaneous	
2	Travel	
3	Mileage	
4	Total	

B. Verification

1	Expenses Verified Date		1	Initial	
2	Payroll Date		2	Initial	