

Appendix B

City of Revere: Non-Travel/Mileage Request Form

Employee: _____ Date: _____

Department: _____

Section I: Reimbursable Expense

Item	Description	Actual Expenses	Payment Source	Reimbursement Request
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
Total		\$		
Employee Signature:		Department Head Signature:		
Approved - Department Head Signature:		Approved - Mayor's Signature (for Department Heads):		