

Town of Strafford  
Request for Reimbursement

Name of requestor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Amount: \_\_\_\_\_

Purpose for expenditure: \_\_\_\_\_

\_\_\_\_\_

Account expense from: \_\_\_\_\_

Approved by Committee Chair/Selectboard Chair: \_\_\_\_\_

**Note: Please attach receipt of expenses to be reimbursed, and submit within 30 days.**

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