CITY OF MELROSE
EXPENSE REIMBURSEMENT CONTROL FORM

Department: Health Department
Person Submitting Form: Maureen Buzby
Date: 1/13/2025
Map Link: GoogleMaps
BingMaps
GSA Meals Guidelines https://www.gsa.gov/travel/plan-book/per-diem-rates

DATE	DESTINATION FULL ADDRESS FROM: / TO:	SPECIFIC PURPOSE	MILES TRAVELED (INCLUDE MAP)	DEPOSIT, TOLLS OR PARKING	ROOM & BOARD	MEALS	OTHER
11/12/2024 11/14/2024	HILTON GARDEN INN SPRINGFIELD MA	2024 MHOA ANNUAL CONFERENCE			$444.25		
11/25/2024	NFG CELEBRATION AT STATE HOUSE	PARKING		$26.00			
TOTALS			0	$26.00	$444.25	$0.00	$0.00

BREAKDOWN OF REQUEST:

0 miles @ $.70 =	$0.00
Deposit, Tolls or Parking	$0.00
Room & Board	$444.25
Meals	$0.00
Other	$0.00
TOTAL	$444.25

I hereby certify that the foregoing expenses were incurred in the conduct of business for the city of Melrose.

Person Submitting the Form Signature

Approved By:

Department Head Signature