

CITY OF MELROSE
EXPENSE REIMBURSEMENT CONTROL FORM

Department: HHS

Person Submitting Form: Maureen Buzby

Date: June, 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
61/25	467 Main St. Wakefield	BGC	5				Americal
6/3/2025	136 Elm St , Stoneham	Coalition	7				Sr. Center
6/4/2025	732 Newbury Turnpike, Saugus	cannabis research	6				Garden Remedies
6/5/2025	860 Winter St., Waltham	TFM	40				Mass Medical Society
6/5/2025	101 Central St., Stoneham	School Committee	5				Crystal Award
6/9/2025	301 East Foster St., Melrose	store check	2				Common Market
6/13/2025	67 Forest St., Worcester	MTCP	7				flavor identification
6/17/2025	1 LaFayette St., Wakefield	Wake-Up	6				Town Hall
6/25/2025	85 Ridge St., Winchester	MVPHC					Wright Locke Farm
6/26/2025	24 Beacon St., Boston	State House	22				Award Ceremony
TOTALS			100	\$0.00	\$0.00	\$0.00	\$0.00

BREAKDOWN OF REQUEST:

100 miles @ \$.70 =	\$67.00
Deposit, Tolls or Parking	\$0.00
Room & Board	\$0.00
Meals	\$0.00
Other	\$0.00
TOTAL	\$67.00

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

Signature

Approved By: /

Department Head City Auditor